



Weill Cornell Medical College
Information Technologies & Services
 Web: <http://www.med.cornell.edu/its>
 Phone: (212)746-4878 Fax: (212) 746-8161

Account Request Form

This form is an editable PDF file. Please fill it out using Adobe Acrobat or Adobe Reader.
 When completed, please fax to (646) 962-0405 or (212) 746-8161.
 If you have any question or concerns, please do not hesitate to contact ITS support at (212) 746-4878.

1.) Account Type: E-Mail Calendar GECB/Flowcast EPIC WebVPN VPN LDAP/
 Active Directory

Please provide the following information:

CWID: _____

(Center-Wide ID, not employee ID)
 example: **abc1234** @med.cornell.edu or @nyp.org

Name: _____

(Last name, First name)

Department: _____

If you are a new Weill Cornell Employee or Instructor and need a Center Wide ID (CWID), please contact HR:

Sabrina Middleton
sam2030@med.cornell.edu
 212-746-4990

Have your Social Security Number, full name and department and division that you work for ready. Please DO NOT send your Social Security Number over e-mail. Also, if you are a student or a non-employee (contractor) of Weill Cornell, please contact ITS at 212-746-6333.

Authorization:

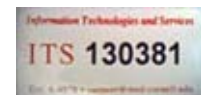
[With ITS Tag] If your computer has an ITS Tag (see below), and you are the computer's primary user, there is no charge.

SAMPLE:

ITS						
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old tag



new tag

[Without ITS Tag] There is a \$100.00 per fiscal year charge for each email and WebVPN account created. For NewYork-Presbyterian users requesting WebVPN access, please have your department administrator at NewYork-Presbyterian submit this form with the appropriate account or fund information to which the annual charge will be billed.

Eligible users who opt to pay for WebVPN service on an individual basis must complete the top portion of this form and send a check or money order to: **Information Technologies & Services-WebVPN 1300 York Avenue LC-06 New York, NY 10065**. Please make checks and money orders payable to Information Technologies & Services.

WCMC Account Number:

Administrator/Sponsor Printed Name:	Phone:
Administrator/Sponsor Signature:	Email:

FOR RESEARCH GRANT ACCOUNTS ONLY

Please obtain authorized signatures from both the Principal Investigator and Research

Principal Investigator Signature:	Date:
Research Accounting Signature:	Date: