

**NON-EMPLOYEE ACCOUNT REQUEST FORM**



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| **INDIVIDUAL INFORMATION** |
| **Last Name** | **First Name** | **Middle Name** |
| **E‐mail Address (personal)** |
| **Effective Start Date** | **End date (maximum of 6 months)** |
| **Work Location** |
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DEPARTMENT INFORMATION:

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| **Department Name** | **Department ID** |
| **Supervisor Name** | **Supervisor ID** |
| **Department Contact Name and Email Address (to receive PeopleSoft ID#)** |

Comments:

Department Head / Supervisor Electronic Signature Date:

# Send Non-Employee Account Request forms to

UMMSInformationSecurity@umassmed.edu

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| **SECTION 3: TO BE COMPLETED BY THE INDIVIDUAL:** |
| **Last Name** | **First Name** | **Middle Name** |
| **Preferred Name** | **Other Name(s)** |
| **Home Address Line 1** | **Home Address Line 2** |
| **City** | **State** | **Zip** | **Date of Birth** |
| **Mobile Phone** | **Home Phone** | **Business Phone** |  |