



# VIRGINIA STATE UNIVERSITY

## ACCOUNT TERMINATION/DELETION FORM

### EMPLOYEE INFORMATION (PRINT CLEARLY)

Full Name (Last, First, Middle Initial) \_\_\_\_\_ VSU Banner V# (if unknown leave blank) \_\_\_\_\_  
Department \_\_\_\_\_

### TERMINATION OF ACCOUNTS

Accounts	Remove	Effective Date (REQUIRED)	Comments
Email	<input type="checkbox"/>		All email accounts will be archived for separated employees.
Network	<input type="checkbox"/>		All network data will be archived for separated employees.
Banner	<input type="checkbox"/>		
Remote Access	<input type="checkbox"/>		
All Other Access	<input type="checkbox"/>		

### AUTHORIZATION

By signing this form, you authorize the Office of Information Technology (OIT) to remove all accounts held by the departing employee.

Signature of Dean, Department Head, or Manager \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Completed form may be faxed to 524-5228 or hand-delivered to OIT in Johnston Memorial Library, Room B46.**