M.S.A.D. #49
Technology Department Intake Form

Please check the applicable box:

☐ New Hire   ☐ Position or Building Change   ☐ Departure

Full Name (please print legibly)…: _____

Building……….: _____

Position ……....: _____

Password desired for computer login and e-mail accounts
(must be **AT LEAST** 8 characters)………………: _____

Please attach a signed Acceptable Use Policy when submitting

For Technology Department Use Only

Active Directory ☐ Google ☐	Phone ☐	Infinite Campus ☐
Postini ☐	Distribution List(s) ☐	Photo ☐

Please return completed form to Lori Faulkner