

**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** | | |
|  | | |

DEPARTMENT INFORMATION:

|  |  |
| --- | --- |
| **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](mailto: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** | |  | |