



Department of Computing and Communications

McAfee EndPoint Encryption Account Access

Submitted By: _____ Employee #: _____
 Campus Address: _____ Telephone: _____
 Department: _____ CPC Requisition #: _____
 Laptop Serial #: _____ Laptop Hostname: _____
 (if known) (if known)

Primary User information:

Name	Employee #	MUN Email Address	Department	User Name on laptop	Does user access Memorial Domain?

If other people use this laptop please provide the following information:

Name	Employee # or Student #	MUN Email Address	Department	User Name on laptop	Does user access Memorial Domain?	Add or Remove this account?

Signature of Primary User: _____

Date: ____/____/____

For Admin Purposes Only	C & C ticket number: _____
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