

**Westlake City Schools
Network Account Request Form**

For New Account Requests, please complete the entire form.

For Account Deletion Notification, please complete Staff Last Name, First Name and Username.

For Account Change Requests, please complete Staff Last Name, First Name and Username, as well as updated information only.

Forms submitted with incomplete information will delay the completion of request.

NEW ACCOUNT **ACCOUNT CHANGE** **DELETE ACCOUNT**

User Information

Start Date/Effective Date

End Date (if known/applicable)

Last Name

First Name

New Last Name (if applicable)

New First Name (if applicable)

Current WCS Username
(For Account Changes and Deletions Only)

()
Home Phone

()
Cell Phone

Address

City, ST ZIP Code

District Employment Information

Building
Assignment(s)
Check all that
apply:

Bassett

Dover

Hilliard

Holly Lane

Parkside

LBMS

WHS

Transportation

BOE

Title of Position

Grade Level (for Teachers)

Department

Room number

Supervisor

Is this a Special Education Position? Yes No

Is this a new position? Yes No If no, name of replaced staff _____

Is this a temporary or Long Term Substitute position? Yes No

If this is a Long Term Substitute position, name of staff member on leave: _____

Name of Person Completing Form

Date