

# Medical Student Saintsnet Access Request

<b>Check one:</b>	NEW REQUEST	CHANGE REQUEST	TERMINATION REQUEST
<b>Requestors/Manager Name:</b>	Cherie Forsyth		
<b>Title:</b>	Year 3 & 4 Registrar		
<b>Contact Phone :</b>	217-545-6124		
<b>Email Address:</b>	cforsyth@siumed.edu		
<b>USER/STUDENT INFORMATION FOR COMPUTER ACCESS</b>			
Will this student continue to be a Year 3 or Year 4 with SIU at a later time?		Yes	No
Starting Date:			
Ending Date:			
Specialty Area			
What Year of Student?	4th Year Visiting Medical Student		
USER: First Name			
USER: Middle Initial			
USER: Last name			
Last 4 digits of SSN#			
Office Address:	SIU School of Medicine		
Office City:	Springfield		
Office State:	IL		
Office Zip:	62794-9622		
Contact Phone:			
Pager:			
Fax:			
Email:			

## USER INFORMATION

\* The ssn# is used to reset the password if necessary. We will request this number if you ask to have your password reset.

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Requestor Signature

Date