



Visiting Medical Student Saintsnet Access Request

Fax to 217-757-6575

Physicians Informatics Lab 217-744-7455 or 217-544-6464 x67455

Circle one:	<input type="checkbox"/> NEW REQUEST <input type="checkbox"/> CHANGE REQUEST <input type="checkbox"/> TERMINATION REQUEST
Requestors/Manager Name:	Cherie Forsyth
Title:	Year 3 & 4 Registrar
Contact Phone :	217-545-6124
Email Address:	cforsyth@siumed.edu
USER/STUDENT INFORMATION FOR COMPUTER ACCESS <small>{PLEASE PRINT}</small>	
Will this student continue to be a Year 3 or Year 4 with SIU at a later time? YES or NO	
Starting Date:	
Ending Date:	
Specialty Area	<small>[like family med, pediatrics, ortho]</small>
What Year of Student?	
USER: First Name	<print clearly>
USER: Middle Initial	<print clearly>
USER: Last name	<print clearly>
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 {PLEASE PRINT}

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

Requestor Signature

Date