

MOUNTAIN GROVE R-III NETWORK APPLICATION

Name _____ (Include middle initial)
(First) (Middle Initial) (Last)

Your Building _____ Job Title _____

Last four digits of social security number _____

Requesting account for campus use.

Signature Date

BELOW FOR NETWORK ADMINISTRATOR AND CENTRAL OFFICE ONLY

User has signed AUP on file with the district. Verified by: _____ Date: ___/___/___

Postini Services Verified by: _____ Date: ___/___/___

Account created by: _____ Date ___/___/___

Detach here

Name of applicant: _____

Campus use:

UserID _____@mg.k12.mo.us

Password _____

- We suggest you change your password when you receive this account!