



Behavioral Wellness

Network Account Request Form

Please complete the form, save it and attach it to a Service Management Portal incident request.

Network Account: _____

First Name: _____ Last Name: _____

Facility: _____ Job Title: _____

Start Date: _____ Bldg / Room: _____

Dept.Folder(s) _____

E-Mail Distribution List(s) _____

Reference account (similar employee): _____

City of Birth: _____ (Required Field)