



Request for Connect ND Access

Employee name: _____

Employee ID: _____

Birthdate: _____

Office phone: _____

Employee e-mail address: _____

Employee position: _____

Department name: _____

Have you attended or worked at any other NDUS college or university?

_____ Yes _____ No

Type or reason access is needed:

Signature of employee requesting access: _____

Signature of employee's immediate supervisor or director: _____

Please return this form to:
Remona Breuer
Enrollment Services
Haverty Hall 105/106

Office use only

Information verified by: _____

Approved by: _____

Remona Breuer or Kassie Kubela

Approved by: _____

Director, Karen Reilly Enrollment Services Assistant, Shelley Blome

Information requested to HECN: _____

Comments: _____
