TARLAC STATE UNIVERSITY
MANAGEMENT INFORMATION SYSTEMS OFFICE
REQUEST TO CREATE / RESET TSU USER ACCOUNT FORM
To be duly filled up by the requesting user.

TYPE OF REQUEST: Create ☐ Reset ☐		**DATE**	
Consent statement: Tarlac State University will collect your personal information only for the purpose indicated in the form. All information will be kept confidential and secured in compliance with the Data Privacy Law.			
EMPLOYEE'S USER INFORMATION			
FULL NAME		**EMPLOYEE NO.**	
COLLEGE / DEPARTMENT		**POSITION**	

I hereby affirm my compliance with the **TSU IT POLICY** and other applicable policies set by the TSU Administration.

_____
Employee's Signature

_____
Signature over printed name of immediate supervisor
(**Supervisor Only**)

TO BE FILLED UP BY MIS TECHNICAL STAFF			
Account Username		Password	
Attending MIS Techical Staff Name and Signature			

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