

Expire and Delete Account Request

When an employee leaves The University of North Carolina at Greensboro (UNCG), it is the responsibility of their former department to notify the Information Technology Services (ITS) Accounts Administrator. "Expire" means that the account will no longer be accessible and any data contained is preserved until normal account processing removes it (for long term preservation, see Account Transfer Form). "Delete" means that the accounts and any data they contain will be ERASED and CANNOT be retrieved. "Revoke" means access to departmental resources will be removed, but the account remains accessible and all data remains intact. ITS automatically deletes accounts that have been expired for an extended period of time.

This form should only be used if the subject has left UNCG entirely or their future relationship with UNCG is unknown. If the subject has transferred to known UNCG department or is known to have become a UNCG student, please submit the [Department Change Request](#) instead. If the subject has a Banner account, a [Request to Modify or Terminate Banner Account\(s\)](#) should be completed and submitted as instructed on the form.

Please submit this completed and signed form to:

Accounts Administrator c/o 6-TECH
ITS Service Desk, 103 McNutt Building

Former Employee's Information:

University ID#: _____ User name(s): _____

Name (first, middle initial, last): _____

Department: _____

Action to perform on the subject's accounts:

Expire	Delete	Revoke
Disables access but otherwise leaves account frozen in place. Use this if the person plans to return. Caution: May still be automatically deleted after a semester.	Removes account. All data will be ERASED and CANNOT be retrieved. Use this if the person is known to have left and unlikely to return.	Removes access to department, but account is otherwise left active. Use if person has left department but unsure if left the University.
		Check if person has Retired

Desired date for above action to take place: _____

Request Submitted by:

Name (first, middle initial, last): _____

User name: _____

Phone #: _____ Department: _____

I certify that the information provided above is correct. I understand that any and all accounts attached to this employee will either be EXPIRED, DELETED or REVOKED as specified above.

Requestor's Signature: _____ Date: _____