THE NEW SCHOOL

IT Central
72 Fifth Avenue
Lower Level
New York, NY 10011

SECURE FILE TRANSFER ACCESS REQUEST FORM

The information on this form will be used to create your **Secure File Transfer User ID**. If you have any questions about the information requested, please contact IT Central at x4357 for assistance. After completion, you can e-mail a scanned application to sendfiles@newschool.edu.

New User Information

Name:	NetID (e-mail address):	Banner ID (Nxxxxxxxx):
Division/Department:	Office Address:	Telephone:
Business Reason for Request:		
Signature:		Date:

Supervisor/Manager Authorization and Approval

Supervisor's Name:	Title:	Telephone:
Supervisor's Signature:		Date:

For Information Technology Use Only

☐ User added to SendFiles user group   Date: _____

☐ User/supervisor notified and sent instructions   Date: _____