



Student Organization Webspace Change of Ownership Form

Requestor:

Full Name: _____ NetID: _____

Telephone Number: _____

Email Address: _____

Classification: Faculty Staff Student**Webspace Information:**Student Organization for which change is requested:
_____URL (eg. http://name.org.msstate.edu/):
_____**Webmaster Account to be added (if applicable):**

Full Name: _____ NetID: _____

Email Address: _____

Telephone Number: _____ Department: _____

Classification: Faculty Staff Student**Webmaster Account to be deleted (if applicable):**

Full Name: _____ NetID: _____

Email Address: _____

Telephone Number: _____ Department: _____

Classification: Faculty Staff Student

Signature of Requestor: _____ Date: _____

Signature of Organization's Faculty Advisor: _____ Date: _____

Organization's Faculty Advisor Name (please print): _____

For Help Desk Use Only **Ticket Number**