OAKLAND COUNTY INFORMATION TECHNOLOGY Computer Assistance Registration Form

User Name:	Department:	Phone:
Please list the type of computer as	ssistance including the classes that you have	e completed using the software.
that pertains to the type of comp	o register for Microsoft Word assistance, youter assistance you are requesting. Comp ege, Macros, Columns, Advanced Styles, T	outer assistance will be provided for
List Type of Help Needed:		
that pertains to the type of comp	o register for Microsoft Excel assistance, youter assistance you are requesting. Comp phics, Filters or Query Data, Templates, ay Options, or Macros.	outer assistance will be provided for
List Type of Help Needed:		
courses that pertain to the type of	eed assistance with Microsoft Access, you m computer assistance you are requesting. C Forms, Customized Reporting, Action Querio	computer assistance will be provided
List Type of Help Needed:		
Student Signature:	Date	e:
Supervisor's Signature:	Date	:

If you find that you are not able to keep the appointment you have registered for, please notify us at least 5 business days prior to the appointment by calling (248) 858-0810.

RETURN FORM TO THE INFORMATION TECHNOLOGY RECEPTION DESK - FAX NUMBER 248-858-1006