

Form: IT: EMS: UAA

ELECTRONIC MAIL SERVICES USER ACCOUNT APPLICATION

INFORMATION TECHNOLOGY

*All new faculty/staff will need to request an e-mail address by completing this form IT: EMS1:1.0. If you are not employed by the College but are a volunteer worker, the department head that you work in can

account until he/she is no longer employ Address Book.	ou with an expiry date. All employees will retain an e-mail ed. Your account will be automatically added to Faculty/Staff or processing. When completing this application, please print.
SECTION I: APPLICATION INF	ORMATION
First Name	M.I. Last Name
Affiliate Type Faculty	Staff Last 4 digits of Social Security #
Request for New Account	Update existing account as of
If you chose to update your existing account, please specify update:	
Department	Desister
Department	Position
Building	Room # Extension #
Affiliate Type Permanent Ac	count Temporary Account (Expiry Date)
OFFICE HOURS	
Monday	
Tuesday	
Wednesday Thursday	
Friday	
SECTION II: HUMAN RESOUR	CE USE ONLY
Date of Employment:	HR Signature Date
SECTION III: INFORMATION T	ECHNOLOGY DEPARTMENT USE ONLY
Username	Password
Date Completed	IT Staff Initials