

Student Organization E-mail Account Request Form

Information About the Requester

Name: _____ College ID: _____
Campus Address: _____ Phone: _____
IC E-mail Address: _____ Expected Graduation Date: _____
Graduate Student: Yes No

Organization Name: _____

All accounts related to student organizations require the approval of your advisor.

Advisor's Name: _____ Advisor's Signature: _____

New Org. E-mail Account Requested Org. E-mail Address: _____ @ithaca.edu
 Renew Org. E-mail Account Org. E-mail Address: _____
 Take Ownership of Org. E-mail Acct. Org. E-mail Address: _____

In addition to the Ithaca College All College Computer and Network Use Policy, the following policy applies specifically to any student organization account:

1) This account is NOT a group or shared account. The account belongs ONLY to the person listed above (requester) and he/she is responsible for the account. The password cannot be shared. 2) The account will expire at the beginning of the following academic year and a new request must be submitted each fall. 3) Only one account will be granted per organization/activity.

Signature

I understand that by using Ithaca College computer and network resources that I am required to adhere to the policies set forth in the Ithaca College All College Computer and Network Use Policy and other additional policies, such as the Ithaca College Web Policy, that may be in place for a particular system. I understand that failure to abide by ITS and Ithaca College policies may result in the loss of computer and/or network privileges, and/or other College or legal action.

Signature _____ Date _____

Bring completed form and college ID to the ITS Helpdesk, 104 Job Hall. Please allow 3 business days for processing.

HD Initials _____ Date _____

SA Initials _____ Date _____