

Alias or Mail Enabled Group Request Form

Name: _____
Department: _____
Phone #: _____
Email Address: _____

List of all users that will have access to this account:

Purpose: _____

Duration: _____

Requested Account Name: _____

****All information must be completely filled out in order to process this form.****
Please print out form and fax it or mail to Information and Technology Services
FAX: 972-3839

ITS Office Use Only

Approved by: _____
Date: _____
Account Name: _____
Created by: _____
Date Created: _____
