E-Mail/Web Account Request Form

Completed Forms Should Be Returned To: Kean University
(Allow 5 Business Days for Processing)   Account Request: CSS-113
                                               1000 Morris Avenue
                                               Union, NJ 07083

Please Print or Type All Information Clearly
(Illegible and incomplete forms will not be processed)

Name (First, Last):	
Colleague ID:	
Mailing Address:	
City, State, Zip Code:	
Daytime Phone:	

Affiliation with Kean University:
Check one: ( ) Student   ( )Staff   ( ) Faculty   ( ) Department: _____
*   ( ) Student Group: _____*
(Desired Department/Student Group name required.)

Access Requested:
( ) Individual E-Mail Account
( ) Department/Student Group E-Mail Account - (Form must be completed by Chairperson,
*   Director or Advisor.)*
( ) Web Page – (Individual or Department/Student Group.)

Current *TURBO* Users:

If you have a current *TURBO* account please supply the User ID: _____

In signing below, I certify that I have read and agree to abide by the Kean University Computer Related Acceptable Use Policy. I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account. This account will automatically be deleted upon my termination as an employee, graduation/non-enrollment as a student, or account inactivity of six months.

_____
Signature   ***Date***

For OCIS Use Only---- Do Not Write In This Area

Cougar User ID: _____   **Account Group** : _____

	Initials	*Date*	*Comments*
Affiliation Certification:	_____	_____	_____
Account Created By:	_____	_____	_____

Revised: January 30, 2006