

DEPARTMENTAL EMAIL FOLDER UHD ACCOUNT REQUEST FORM

For IT use: Received: / /

Help Desk Call #:

Contact Information for UHD account Requestor

Date: _____

Name: _____

UHD Email Address: _____

UHD Phone Extension: _____

UHD Department Email Request Form

Department or Service Area Name: _____

Department Head (or Dean or Area Supervisor): _____

Department Head (Signature): _____

Department Head Campus Phone: _____

Department Head Email Address: _____

Preferred email address: _____

Please list all users who should have access to this mailbox.

Name

Email Address

_____	_____@UHD.edu
_____	_____@UHD.edu
_____	_____@UHD.edu
_____	_____@UHD.edu
_____	_____@UHD.edu
_____	_____@UHD.edu

Applicants Signature _____ **Date:** _____

Comments: _____

