

Information Technology

Exchange Shared Mailbox Request Form



Complete, print, and return signed copy to Sarah Sparks (McFarlin, fax x-2150)

REQUESTER INFORMATION

Last Name First Name Middle Name

Datatel No Phone Department

TU Email Address

MAILBOX INFORMATION

Mailbox Name Access Type

Mailbox E-mail

Receive Only
 Send and Receive

Purpose of Shared Mailbox

Individuals Who Need Access (enter their campus user names and select if they are a student)

Student	Student	Student
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Host Signature _____

Vice Provost, IS _____

INFORMATION SERVICES USE ONLY

Received by: _____ Date: _____

Date shared mailbox was created: _____