

Clear Form

Ticket # _____

Date Entered _____

Group Account Request University Office/Department

Request: I am requesting a “Group” E-Mail Account Web Space

Name of Group Making Request: _____

Requested E-Mail USERNAME: _____

Web Address: http://_____truman.edu

Webmaster:

Print Name: _____ Phone: _____ Truman Email: _____

Signature: _____ Date: _____

By signing this, I affirm that I have read the [group account policy](#) and agree to be responsible for the usage of this account.

Additional webmasters authorized to edit/maintain the web space.

Name: _____ Truman Email: _____

Name: _____ Truman Email: _____

Name: _____ Truman Email: _____

Approved By (Department Chair):

Authorized user on web space?

Print Name: _____ Phone: _____ E-mail: _____

Signature: _____ Date: _____

By signing this, I affirm that I have read the [group account policy](#) and agree to oversee responsibility for the usage of this account.

Comments or Special Instructions:

*****Please return completed forms to the ITS, MC 111*****