

E-Mail/Web Account Request Form

Completed Forms Should Be Returned To:
(Allow 5 Business Days for Processing)

Kean University
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):	Date of Birth:
Social Security Number:	
Mailing Address:	
City, State, Zip Code:	
Daytime Phone:	

Affiliation with Kean University: Check one: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Department: _____ <input type="checkbox"/> Student Group: _____ (Desired Department/Student Group name required.)
Access Requested: <input type="checkbox"/> Individual E-Mail Account <input type="checkbox"/> Department/Student Group E-Mail Account - (Form must be completed by Chairperson, Director or Advisor.) <input type="checkbox"/> 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 : _____	
<i>Initials</i>	<i>Date</i>	<i>Comments</i>
Affiliation Certification: _____	_____	_____
Account Created By: _____	_____	_____