E-Mail Account Request Form

Completed Forms Should Be Returned To:

(Allow 3 Business Days for Processing)

ICT-Center, AUST (Room # 7B04) or
Email to: ictc-hs@aust.edu

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

PART A: To be filled by the USER

Title:	☐ Mr. ☐ Dr. ☐ Mrs. ☐ Ms.				☐ Faculty ☐ Staff	
First Name:				**Last Name:**		
Department/School/Office			**Job Title:**		**Room No.**	
Requested Email Address *E.g. xyz.cse@aust.edu*						
Contact No:			**User's existing email** *E.g. xyz@yahoo.com*			

▶ In signing below, 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 or account inactivity of six months.

User Signature:		Date:	(dd/mm/yyyy)

▶ It is recommended to change the given password after your first login.

PART B: To be filled by the Head of the Department/Office

▶ **Please give the above user an access to our aust.edu mail server.**

_____
Signature & Name

_____
Stamp and Date

PART C: To be completed by ICT-Center

Email ID (default is first letter from first name.last name.dept/office):

USERNAME:		PASSWORD:	

GIVEN BY:

_____
Name

_____
Signature

_____
Date