

Biology Email Account Request Form

Last Name: _____ First Name: _____

Employee Number: _____

Social Security Number (If no employee number): _____

Employment Status (choose one):

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Postdoc |
| <input type="checkbox"/> Grad Student | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Undergrad | <input type="checkbox"/> Lecturer |
| <input type="checkbox"/> Other Academic (Please Specify _____) | |

Lab or Admin Group: _____ Campus Location: _____

Campus Phone: _____

Home Phone (If there is no campus phone): _____

Email program:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Eudora | <input type="checkbox"/> Outlook/Windows Mail |
| <input type="checkbox"/> Pine | <input type="checkbox"/> MacMail |
| <input type="checkbox"/> Thunderbird | |

Expected End Date in Biology: _____