UNIVERSITY SYSTEMS AND SECURITY

MAILING LIST REQUEST

Requests will be granted on a first come first serve basis. All lists will be renewable annually. Use blue or black pen to fill out this form. For faculty/staff only.

Responsible party/List manager/Instructor:

Full Name: _____ _____
First Name Last Name

Campus: _____ Department: _____

Phone: _____ Fax: _____

List Description: _____

E-mail Address: _____

Preferred List Name: _____

To which computer center are you submitting this form?

☐ University Hall ☐ Dreyfuss ☐ Dickinson Hall ☐ Bancroft Hall

Check the appropriate mailing list type:

☐ OPEN LIST – any E-mail address can subscribe and will automatically be accepted

☐ CLOSED LIST MANAGED BY LIST MANAGER – any E-mail address wishing to subscribe must first be approved by the List Manager

List manager assuming responsibility for this list:

_____ _____
Signature Date

Computer Center Use Only.

Created by: _____ Date: _____ Mailing list: _____

Revised 4/2001