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