



### Request to Create or Change a FUNCTIONAL ACADEMIC EMAIL ADDRESS

...Use this form to request a new Functional ID, used for such purposes as a mail address for academic journals and books. ...

Section 1: User Information	
Contact Name:	Phone No.:
Department Name:	Box No.:
Reason for request:	
Expected Expiration Date:	
<i>Note that this ID shall be issued for a period of one year after the date of creation, at which time it can be renewed if the ID is still required.</i>	

Section 2: Request for a New ID (please complete entire section and proceed to Section 4)
<input type="checkbox"/> <b>New Request</b> Please enter the name of requested email address as it should appear in the online Directory Search. Indicate upper and lower case where appropriate. <b>Name of New Email Address:</b> _____ <b>Display Name</b> (how it appears in online directory): _____ <i>Example: Email Address of Doc_team and Display Name of CIS Documentation Team</i>
<b>Please indicate the role of this ID in distributing messages. Select only one:</b> <input type="checkbox"/> <b>SHARED-MAILBOX:</b> Email to this ID will be delivered and held in its account, where one or more individuals could access it. If you checked this option, please list the Usernames* of those who need access to it (use the back if you need more space): _____ <input type="checkbox"/> <b>ALIAS OR LIST-TYPE:</b> Email to this ID will be redirected to a one or more individuals, and <b>not</b> held in its account. If you checked this option, please list the email addresses of those who need access to it (use the back if you need more space): _____
<b>Do you need Alternate Email Addresses created? If yes, please provide a list of up to four:</b> (1) _____ (2) _____ (3) _____ (4) _____

Section 3: Request for Changes to an Existing ID (please complete entire section and proceed to Section 4)
<input type="checkbox"/> <b>Change or Correction to email address and/or Display Name</b> <b>Current Email Address:</b> _____ <b>New Email Address:</b> _____ <b>Current Display Name:</b> _____ <b>New Display Name:</b> _____
<input type="checkbox"/> <b>Change in who can access this ID's mail folder</b> <b>ADD Usernames: *</b> _____ <b>REMOVE Usernames:</b> _____ -

\* Usernames can be accessed via myAccount. Most follow the standard of first letter of first name and up to seven letters of last, but since not all do, please check before submitting this form.

(section 3 continues on the next page)

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(section 3 continued)

<input type="checkbox"/> <b>Change in LIST-TYPE membership (names to which this ID's account forwards its messages)</b> <b>ADD Email Addresses:</b> _____ <b>REMOVE Email Addresses:</b> _____
<input type="checkbox"/> <b>Change of Sponsor / Contact Name</b> <b>Current Name:</b> _____ <b>New Name:</b> _____
<b>Do you need Alternate Email Addresses changed? If yes, please indicate here:</b> (1) Old _____ New _____ (2) Old _____ New _____ (3) Old _____ New _____ (4) Old _____ New _____

**Please Note:**

As an information provider for Brown's Directory Search, you agree to accept the responsibilities outlined in the "Information Provider Agreement" for the group designated below. In signing this application form, you are confirming that you have read the document, "Acceptable Use Policy" for computing (<http://www.brown.edu/cis/policy/aup.html>) and agree to abide by the guidelines and policies described therein.

For further information related to the online Directory Search, please contact the Help Desk at: [Help@Brown.Edu](mailto:Help@Brown.Edu), or call 3-HELP. Send the completed form to: CAP, Box 1824 or bring to CIT101. Applications will be processed in 3 to 4 working days.

<b>Section 4: Signatures</b>	
<b>NOTE: <u>All signatures must be original and in ink</u></b>	
_____	_____
<i>Signature of Contact Person</i>	<i>Date</i>
_____	_____
<i>Signature of Department Head</i>	<i>Department Head Name (please print)</i>

<b>Username Overflow</b>
Use this space for any Usernames that did not fit on the first page of this form:
_____
_____
_____
_____

<b>Official use only by CAP</b>	
Change completed on: _____	CAP Initials: _____
Customer notified on: _____	CAP Initials: _____
Group Manager: <input type="checkbox"/> CAP <input type="checkbox"/> Other(s) : _____	
Departmental Username _____	

Current as of: 12/2/2005

**Functional Academic NetID Form**

<http://www.brown.edu/Facilities/CIS/Forms/>

Form # **E06**