APPLICATION FOR
A DEPARTMENTAL MAIL ACCOUNT

ACCOUNT INFORMATION (PLEASE PRINT)

Accounts are created only for departments that are officially recognized by the College. These accounts can be created for up to one year and may be renewed annually. In order to renew an account, a new application form must be submitted providing updated information about the account. Departmental accounts provide limited privileges. They do not allow access to the Dartmouth network for resources that require authentication.

Account Name Requested: ____________________________________________

(Acronyms are not allowed for account names; limited to 32 characters)

Account Phone #: ____________________ Account Hinman Box: __________

Name of Department: ________________________________________________

Account Status: □ New  □ Renewal  Sponsored Research? □ Yes  □ No

Name of Responsible Party: __________________________________________

(Responsible party must be a faculty or staff member currently listed in the DND.)

Responsible Party’s Phone #: ____________________ Hinman Box: ________

The account will expire at the end of the period requested or a maximum of 12 months. If the account is for sponsored research, the account may be set up for the length of the award; see note in Major Unit Department Head signature section below for authorization information. This account is requested beginning __________________ for a period of ____________ months.

If at the time of expiration, the Responsible Party determines that the account is still necessary, he/she may submit a request to renew this account for an additional period of time, up to 12 months.

I affirm that the above named department is a College-recognized department, and that an account is necessary for that department to conduct College business.

______________________  ______________________
(Department Head — Please print)  (Major Unit Department Head* — Please print)

______________________  ______________________
(Department Head’s Signature)  (Major Unit Department Head’s Signature)

______________________  ______________________
(Today’s Date)  (Today’s Date)

*Note: Sponsored Research accounts require alternate authorization from Jill Mortali or Kathy Page in Sponsored Projects, in place of the Major Unit Department Head approval.

Please return the completed form to: Geisel Administration
Hinman Box 7060 or email: geisel.administration@dartmouth.edu

CONSULTANTS’ USE

Password discussed:  □ Yes  □ N/A

UID: ______________________

Account expires: __________

Comments:

Approval:

Name: ____________________

Date: ________________

Additional information: