# California Maritime Academy
# Exchange: Mailbox Account
## For Department Use:

Mailbox UserID (e.g. Accounting@csum.edu): _____

Password Desired: _____

- Why is mailbox necessary? (Department Calendar/Scheduling, Online response Mail Box, etc.)

  _____

  _____

- How long will mailbox be required? *(please circle)*

  30 Days  End of Semester  End of Academic Year  Other: _____

  - Who will have access to this mailbox?

_____

  - Who will be responsible for this mailbox? *(editor)* _____

_____ _____ _____
Applicant Name (Print) Applicant Signature Date

_____ _____
Department Office Phone#

_____ (required signature signifies approval)
Department Head Signature

_____ (required signature signifies approval)
IT Director Signature

_____ (required signature signifies approval)
Tom Morgan Signature

Date Completed: _____
By: _____