



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## Department/Organization Email Account

REQUEST DATE: \_\_\_\_\_

All requests for Disk Storage/Share must be emailed to InformationSecurity@pvamu.edu or brought to the Information Security Office. The department must assign a Point of Contact to manage this Email address. Please allow 3-5 business days for processing. The Dean and/ or Department head must sign the form.

<b>Requestor</b>	<b>Location</b>
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Requested By: \_\_\_\_\_ Office Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Building: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Department: \_\_\_\_\_

<b>Point of Contact</b> (Same as Requestor) Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Location</b>
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Requested By: \_\_\_\_\_ Office Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Building: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Department: \_\_\_\_\_

<b>Dept. Head Name (Print):</b>	<b>Dept. Head Signature: (Mandatory)</b>
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Requested Email Name (Alias): \_\_\_\_\_

New:   
Name

Add Users:

Delete Users:   
Email Address

_____	@pvamu.edu
_____	@pvamu.edu
_____	@pvamu.edu
_____	@pvamu.edu
_____	@pvamu.edu
_____	@pvamu.edu

ITS Use

Office of Information Technology Services  
P.O. Box 519 / Mail Stop 1339  
Prairie View, TX 7744  
Phone (936) 261-2216 Fax (936) 261-2244

**Only**  
Completed/Notified by: \_\_\_\_\_

Date Completed: \_\_\_\_\_