

Sponsored Email Account Application

Applicant Information:

Name _____

Home Phone# _____

Authorized Sponsor Information:

(Meredith College faculty or staff member)

Name _____

Dept _____ Ext. _____

Date _____ Account expiration date _____

Purpose of email account _____

Agreement:

I have read the Meredith College email policy and agree to all terms of that policy. I understand that I am responsible for any computing activity carried out using this account.

Applicant's Signature: _____ Date: _____

Sponsor's Signature _____ Date: _____

Return this completed form to Technology Services, Attn: Postmaster.