



Mailing List Request

Requestor's name: _____

School/Dept: _____ Email: _____

Mailing list name: _____

Period requested: _____ From: _____ To: _____

Purpose: _____

Mailing List Administrator

Name: _____

Email: _____

Requestor signature: _____ Date: _____

Approval by Dean/Dept's Head

Name: _____

Signature: _____ Date: _____

For ITServ Only

Approved by: _____ Date: _____

Completed by: _____ Date: _____

Doc. No.: _____