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# __________________________

Department Head Signature __________________________  (required signature signifies approval)

IT Director Signature __________________________  (required signature signifies approval)

Tom Morgan Signature __________________________  (required signature signifies approval)

Date Completed: ______________

By: __________________________