

“Email Alias” User Registration Form
Network and System Operations
Please return this form to Maher Hall, room #170
Telephone: 619-260-4726 / Fax: 4235

Print Name: _____

Print Name: _____

Section One: Registration Section – For all requests (please print)

Requested “Alias” Name: _____

Brief Description of the Alias Name:

Temporary? Yes / No

If Yes: End Date: _____

Primary Contact:

Secondary Contact:

Signature: _____

Signature: _____

Title: _____

Title: _____

Department: _____

Department: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Disclaimer:

This information on this form is true and complete to the best of my knowledge. I have received a copy of the Usage Guidelines & Policies.

Date of request: _____

Authorizing Department

Signature: _____

Title: _____

Print Name: _____

Date: _____