



Organizational Account Request Form

If granted email access, this account will be listed in the Exchange/Outlook Global Address Book under the Department and Account Name. **ALL INFORMATION IS REQUIRED**

Display Name:

Email Address: @actx.edu

Web Page URL:

Title:

Department or Business:

Account Address:

City: State: Zip:

Account Phone: Account Fax:

Contacts (Contacts for this account must be valid employees of Amarillo College. You **must have** two contacts for this account.):

Primary Contact: Colleague ID:

Secondary Contact: Colleague ID:

Account Services Requested: Email Address (The default password for this account will be **COLlege**)

Reason for account creation (be specific):

Approval: (This section must be filled out by the Academic Department, Program Director, or Department Head)

Printed Name: _____

Signature: _____ Date: _____

Information Technology Services Approval:

Approval Signature: _____ Date: _____

Entered by: _____ Date: _____

Please return or mail signed form to ITS Division, SSC 250, Attn: Rose Dukes or fax to (806) 371-5471.

Last updated: 9/24/2009

This is a publication of Information Technology Services. For further assistanc, please contact the Technology Information Center (806-371-5100) or email helpdesk-it@actx.edu.