Technology Information Page



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**

Preferred Display Name: _____

Preferred 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 **C0llege**)

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 the Office of the CIO, WSC SSC 250 or fax to (806) 371-5471.

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