Tech Services use only ï **LIST NAME**: _____

Alverno College
EMAIL DISTRIBUTION LIST REQUEST

Department Name: _____ Date: _____

Contact Person: _____ Phone: _____

NOTE: It is the contact person's responsibility to submit Help Desk requests for any changes to an existing email list.
Please remember to add/remove **faculty/staff** as necessary when **they transfer between** departments.

Department Director/Division Chair approval:

_____ _____
(Print name) (Signature required)

Preferred Distribution List Email Address: _____

Describe how this list will be used: _____

_____

☐ This list is needed only temporarily and can be deleted on _____

Please check all that apply:

RECEIVE	SEND
☐ This list needs to receive mail from **internal** senders (@alverno.edu email addresses) and should be visible in the Global Address List (GAL).	☐ Only the faculty/staff listed below can send email **to** this list. (If an entire department, please just list the department name below.)
☐ This list needs to receive mail from **external** senders (non-@Alverno.edu email addresses).	☐ **Anyone** can send email **to** this list.
	☐ Only the users listed below need to be able to send email out **from** this address.

List faculty/staff who should be members of this list

Name: (ex. Jane Johnson)	Name: (ex. Jane Johnson)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMAIL DISTRIBUTION LIST INFORMATION: FOR TECH SERVICES USE ONLY

Distribution List Type: _____ Date Created: _____ Completed by: _____

To Be Distributed by Tech Services: White: Tech Services u Yellow: Contact Person u Pink: Department Director/Division Chair