



Alverno College Faculty/Staff Campus Network E-MAIL DISTRIBUTION LIST REQUEST FOR MAJORS AND/OR SUPPORTS

INSTRUCTIONS:

- ✓ Completion of this form is required for creation of and/or changes to E-Mail Distribution Lists.
- ✓ **Complete this form, and RETURN ALL COPIES to the Tech Services mail drawer.**
- ✓ A copy of this form will be returned to you when the E-Mail Distribution List is approved and created or edited.
- ✓ A copy of this form will also be sent to the Department Director/Division Chair.

Request for NEW List. Preferred List Name: _____

Request CHANGES to who can use this List: _____

Use the following codes to create this Major/Support list (ex. PSY):

Department Name: _____ Date: _____

Contact Person: _____ Extension: _____

Note: It is the Contact Person's responsibility to notify Tech Services of changes to the list (add/remove users).

Department Director/Division Chair:

(Print name)

(Signature of approval is required)

List users (faculty/staff only) authorized to send mail to this e-mail distribution list. If additional space is needed, please use reverse side or attach a separate sheet.

Add or Remove	Name: (ex. Jane Johnson)	Add or Remove	Name: (ex. Jane Johnson)
A R	_____	A R	_____
A R	_____	A R	_____
A R	_____	A R	_____
A R	_____	A R	_____
A R	_____	A R	_____
A R	_____	A R	_____
A R	_____	A R	_____

E-MAIL DISTRIBUTION LIST INFORMATION: FOR TECH SERVICES USE ONLY

E-Mail Distribution List Name: _____

Create/Add/Remove Date: _____ Completed by: _____

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