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