

# Alumni Email Account Request Form

Completed Forms Should Be Returned To: Kean University  
(Allow 5 Business Days for Processing) Account Request: CSS-113  
1000 Morris Avenue  
Union, NJ 07083

*Please Print or Type All Information Clearly  
(Illegible and incomplete forms will not be processed)*

**Name (First, Last):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Affiliation with Kean University:**

Check: ( ) *Undergraduate Alumni*

( ) *Graduate Alumni*

**Access Requested:**

Check: ( ) *Individual E-Mail Account*

In signing below, I certify that I have read and agree to abide by the Kean University Computer Related Acceptable Use Policy. I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*For OCIS Use Only----* Do Not Write In This Area  
Revised: August, 2006

**Cougar User ID:** \_\_\_\_\_ **Account Group :** \_\_\_\_\_

*Initials Date Comments*

**Affiliation Certification:**

**Account Created By:**