Email Account Request Form

Client Information

Company Name:

Requested By:

Request Date:

Request Type

☐ Create New Email Account ☐ Update Existing Email Account

☐ Delete Email Account

Email Account Info

Employee Full Name:

Preferred Email Address:

Authorization

I confirm that I am authorized to request these changes on behalf of my organization.

Manager/Authorized Contact:

Signature: Date:

IT Department Use Only

Ticket Number: Received By:

Date Completed: Completed By:

☐ Request Verified ☐ Changes Completed ☐ Client Notified

IT Notes:

Complete the applicable fields and check all items that apply.