

# Student Organization Email/Web Page Account Request Form

Name of Organization: \_\_\_\_\_

## Personal Information of Technical Contact Person

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Please Read:

An organization must remain officially recognized and registered in order to retain the privilege of having an account. Those organizations that lose this status will have their accounts discontinued. An appropriate abbreviation for the organization will be assigned and registered under the official full name of the organization.

Suggested account name: \_\_\_\_\_  
Assigned account name (CNS will assign): \_\_\_\_\_

### Organizational Activities

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\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Signature of Student Activities Director

\_\_\_\_\_  
Date Account Created

*Return form in person or via campus mail to: CNS, 007 Stuart Building*