

**Information Technology Resources  
Lehman College**

## **Email Account Request Form**

*This form is to be used by a staff member, faculty member or student entitled to an email account but who does not have an active record in the City University Personnel System (CUPS) or the Student Information Management System (SIMS).*

**Name (Please Print)** \_\_\_\_\_

**Department** \_\_\_\_\_

**Extension** \_\_\_\_\_

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

**Status**

- Full-time Lehman teaching faculty** \_\_\_\_\_
- Part-time Lehman teaching faculty** \_\_\_\_\_
- HEO** \_\_\_\_\_
- Research Foundation** \_\_\_\_\_
- Other full-time Lehman staff** \_\_\_\_\_
- Other part-time Lehman staff** \_\_\_\_\_
- Other** \_\_\_\_\_

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

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*To be completed by departmental chair or director authorizing the account request*

**Name (Please Print)** \_\_\_\_\_

**Department** \_\_\_\_\_

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

*Return completed form to the Information Technology Resources Department,  
Carman Hall, Plaza Level (Fax: 718 960 7105).*