



Email Account Application

New Account	Password Change	Name Change Prev. Name _____
--------------------	------------------------	--

Name: _____

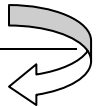
Job Title: _____

Department: _____

Work Location: Klamath Adult Ed Bldg One Stop SCCTC
 FRA/PCA Shady Creek Other _____

User Name: _____

(New account names will be issued by Information Technology)



Password: _____

(not required if Name Change checked above)

<p><u>Password requirements:</u> *At least 10 characters long *Must contain upper and lower case letters *Must contain numbers and/or symbols *Cannot contain your first or last name <div style="text-align: right;">OR</div> *At least 14 continuous characters (no spaces)</p>	<p style="text-align: center;"><i>Examples:</i> BD27sa14 or C0mput3r\$ Thequickbrowndog</p>
KEEP YOUR PASSWORD SECURE	

Signature _____

Date _____

-For IT Use-

Date entered: _____ Entered by: _____

Comments: _____

Added to Spreadsheet
Letter Created

-For Personnel Use-

Submitted by: _____

If short term, Termination Date: _____

CSEA	CTA
TCSIG	CVT
STRS	PERS