



Shared Mailbox Application

Division of Information Technology

Carter Hall • (910) 521-6260 • www.uncp.edu/doiit

Submit the original hard copy to DoIT Help Desk (D.F. Lowry Bldg., Room 110)

Requestor Information	
Name:	
Email:	<i>Requestor will be notified via email when the shared mailbox is available.</i>
Department:	
Campus Phone:	
Shared Mailbox Information	
Reason for Shared Mailbox (Check One)	<input type="checkbox"/> Departmental Mailbox <input type="checkbox"/> University-Affiliated Program Mailbox <input type="checkbox"/> Other: (Explain) _____
Requested email address:	Use a period to separate words ie. <i>department.name@uncp.edu</i> _____ @uncp.edu
Mailbox Access: List employees who should be able to access the shared mailbox.	1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____

SHARED MAILBOX DESCRIPTION

A shared mailbox is an email account that represents an organization or department and can be used to send and receive official correspondence for the group. A shared mailbox has its own email address, storage quota, and restrictions. The shared mailbox can only be accessed by members of the authorized group using their own individual network credentials. The mailbox itself has no username or password.

RESPONSIBILITIES OF USERS

Appropriate use of shared mailboxes is governed by the DoIT 02 09 - Departmental Email Accounts policy. This policy is located on the university web site at <http://www.uncp.edu/doiit/policies>. All employees with access to this shared mailbox must comply with the terms and conditions set forth in the Departmental Email Accounts policy.

The chair, director or manager shall ensure that the account is used in accordance with this and other policies, shall control access to the account, and shall bear the ultimate responsibility for checking new mail sent to the account and mail sent by the account. I have reviewed the DoIT 02 09 - Departmental Email Accounts policy and agree to its terms. I understand that violation of this policy may result in the described within it.

Requestor Signature

_____/_____/_____
Date

Dean/Department Head/Program Director Signature

_____/_____/_____
Date

Information Technology Use Only		Rev. 01/2010
System _____	Username _____	Email-Address _____
Authorization _____	Group: _____	Date _____/_____/_____