

PERMISSION TO RE-OPEN EMAIL

Email to be re-opened: _____

Department: _____

Grant Access to: _____

ID Number: _____

Date to Re-Open: _____

Duration / Close Date: _____

Reason for granting access: _____

Print Name of Authorizing VP: _____

Signature of Authorizing VP: _____

Date: _____

Signature of VP of Campus Tech: _____

Date: _____

For Campus Technology Use Only

Received: _____

Completed: _____

Password: _____

Notify Date: _____

Notified: _____