

Please Print Clearly

Shaded Area Is For Office Use ONLY

Date of Request:		Email Address	@bcc.cuny.edu		Your passwords will be entered in uppercase. It will consist of your First and Last initial and the first 6 of your social security number Example: FL123456
Status	Specify Title (CLT, CA, Adj. Lect., Prof., Asst. Dir., etc.)				
Faculty					
Staff					

FIRST NAME	LAST NAME	MI	HOME PHONE #	PAYROLL
				BCC or RF
DEPARTMENT	OFFICE LOCATION	OFFICE EXT.	OPERATING SYSTEM USED	

User Responsibilities: Bronx Community College will not be held responsible for any illegal or misuse of email accounts.

- If you forget your password, you must submit a request form to have your password reinitialized.
- You may not use email for purposes which are illegal or against College policy.
- You may not use someone else’s account and password or share your account and password with others.
- You may not use a false email address – such as mail “spoofing” which is deliberately sending mail with a misleading or false email address.
- Stay within the allocated space of the email account (100MB). Any email left on the server for more than 30 days will be deleted.
- You may not use email in an obscene, pornographic, defamatory or threatening manner.
- You may not send forged email, bomb threats, hoax messages or chain letters that may affect the systems’ performance.
- You may not attempt to circumvent security mechanisms.
- You may not release a virus, malware or worm that damages or harms a system or network.
- College e-mail system administrators are authorized to remove any information retained in the e-mail system that is more than 90 days old. Backup of e-mail messages is not required of the e-mail system technical staff.

User has read the above terms and agrees to adhere to them. Failure to comply with the above may result in the revocation of the email account.			
Applicant	Print Name:	Date:	If you encounter a problem with your email account, please contact: Helpdesk (718) 289-5969 Or Luisa Martich (718) 289-5732
	Signature:	Date:	
Departmental Approval	Print Name:	Date:	
	Signature:	Date:	