



PORTLAND PUBLIC SCHOOLS

501 N. Dixon Street • Portland, OR 97227

Telephone: 503-916-3050 • IT Service Desk: 503-916-3375 • Fax: 503-916-3162

Mailing Address: P.O. Box 3107 • 97208-3107

OFFICE OF INFORMATION TECHNOLOGY

Nick Jwayad
Chief Information Officer

Teacher/Staff E-mail Account Request Form

This request is for: New e-mail account Name change for existing e-mail account

Teacher/Staff Member *(Please type or print clearly)*

Legal First Name (i.e. Kathleen)	Middle Initial	Last Name
Preferred First Name , if applicable (i.e. Kathy vs. Kathleen)*	Maiden Name (for name change requests only)	
Department (i.e. Information Technology)	School/Building (i.e. BESC)	Building Phone Number/Extension
Title (i.e. Teacher)		

*Your e-mail account name will be created with the preferred first name if field is filled in. If you want the account created with your legal first name, leave this field blank.

I have read the PPSNet Acceptable Use Regulation (AUR) form found at http://www.pps.k12.or.us/departments/information-technology/1247.htm/#Employee_Acceptable_Use_Policy and I agree to abide by its provisions. I understand that if I violate the PPSNet AUR, my access privileges may be suspended or revoked and appropriate disciplinary or legal action may be taken.

Your Signature	Date
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Principal or Department Head Approval** *(Request will not be processed without approval signature)*

Name (please print)	Signature	Phone Number/Extension
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**An e-mail notification will be sent to the approver named above to notify you when your e-mail account has been created.

Please submit completed form via fax to 503-916-3162 or PONY Attn: IT Accounts, BESC.
If you have any questions regarding this form, please contact the IT Call Center at 503-916-3375.

Information Technology-Use Only

PPS Login ID	Issued By (Initials)	GroupWise Account	Issued By (Initials)	Date
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Effective 5/17/04 all other forms are superseded and no longer valid.