EMAIL AUTHORIZATION FORM
(Non-Employee)

DATE: _____

REQUESTING DEPT./DIVISION: _____

NAME OF USER: _____

EMAIL START DATE: _____

EMAIL END DATE: _____

PLEASE PROVIDE JUSTIFICATION AND ANY OTHER NOTES:

CABINET APPROVAL DATE: _____

APPROVALS

REQUESTING SUPERVISOR/MANAGER:	SIGNATURE:	DATE:
AREA VP:	SIGNATURE:	DATE:
VP OF ADMIN. SERVICES:	SIGNATURE:	DATE:
SUPERINTENDENT/PRESIDENT:	SIGNATURE:	DATE:

ACCEPTANCE

EXECUTIVE DIRECTOR OF IT:	SIGNATURE:	DATE: