



Office of the Information Resource Management (IRM)



E – MAIL ACCOUNT APPLICATION (Admin Staff/Offices)

Applicant's Copy

A. TYPE OF E-MAIL ACCOUNT

- [ ] Administrative Staff
[ ] Office

Date of Application :

B. PERSONAL INFORMATION

Name, Position, Office, Division, Employee ID No., Tel. No.

C. ENDORSEMENT

Endorsed by Immediate Unit Head:

Signature and Date fields for endorsement

D. ACCEPTANCE

I hereby declare that I have read and fully understood the USC Acceptable Use Policy...

I understand that my e-mail account will be closed once I separate myself from service to USC.

Applicant's Signature, Date, Witnessed and Noted by fields

Items below are to be filled up only by the IRM Personnel

Received by, Referred To, Date Started, Date Finished, Endorsed by, Approved by fields

To be filled up only by IRM-TNS/HDS Personnel

Applicant/Office Email Account:



Office of the Information Resource Management (IRM)



E – MAIL ACCOUNT APPLICATION (Admin Staff/Offices)

IRM-TNS/HDS Copy

<b>A. TYPE OF E-MAIL ACCOUNT</b>	<input type="checkbox"/> Administrative Staff	Date of Application :
	<input type="checkbox"/> Office	

**B. PERSONAL INFORMATION**

Name _____	Employee ID No. _____
Position _____	
Office _____	Tel. No. _____
Division _____	

**C. ENDORSEMENT**

Endorsed by Immediate Unit Head:

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature over printed name)

\_\_\_\_\_

(Position)

**D. ACCEPTANCE**

I hereby declare that I have read and fully understood the USC Acceptable Use Policy and agree to its terms and conditions as well as other related USC policies in general for my membership in the USC E-mail facility. By signing this request I accept and bind myself to the provisions/terms of the said Policy. Violation of any term/provision of the Policy will mean immediate cancellation of the e-mail account without prejudice to any other administrative or legal action.

I understand that my e-mail account will be closed once I separate myself from service to USC.

Applicant's Signature \_\_\_\_\_  
(Signature over printed name)

Date \_\_\_\_\_

Witnessed and Noted by: Immediate Head \_\_\_\_\_  
(Signature over printed name)

Date \_\_\_\_\_

Items below are to be filled up only by the IRM Personnel

Received by \_\_\_\_\_  
(Signature over printed name / Date)

Referred To \_\_\_\_\_

Date Started \_\_\_\_\_ Date Finished \_\_\_\_\_

Endorsed by:

\_\_\_\_\_  
RHEA ROWENA B. RIVERA  
Head, IRM-TNS/HDS (Technical & Networking Services  
and Help Desk Services)

Approved by:

\_\_\_\_\_  
FR. FELINO B. JAVINES, JR., SVD, DM  
VPAA and Director, IRM

To be filled up only by IRM-TNS/HDS Personnel

Applicant/Office Email Account: \_\_\_\_\_