



E-Mail Account Request Form

Employee's School District: _____

Employee's School Building: _____

Employee Name: _____

Phone/Ext.: _____

Employee Title/Description: _____

Employee Signature: _____

(I have read the user account terms and conditions located at www.nccohio.org)

Date

Technology Director Signature: _____

Date

SYSTEM INFORMATION (To be completed by NCC)

Username: _____ System: _____

Directory: _____

District Code: _____ Building Code: _____

DATA CENTER INFORMATION (To be completed by NCC)

CREATION Date: ___/___/___ BY: _____

Authorized Signature: _____ Date: _____

DELETION DATE: ___/___/___ BY: _____

Authorized Signature: _____ Date: _____