

# MASS EMAIL DISTRIBUTION AUTHORIZATION FORM

IT Services

This form is used to grant authority to send mass emails to a distribution list for a specific purpose without need for further approval. This authorization is in effect until revoked in writing. The form must be returned to IT Services when complete for implementation.

## Name of Individual and Title:

### Distribution list and approval

#### Faculty

- Full Time Faculty
- Faculty
- College of Arts and Sciences    College of Business    College of Education & Health Professions

Required Approval: VP Academic Affairs

Signature:

Date:

#### Staff

- Full Time Staff
- Staff

Required Approval: Human Resources

Signature:

Date:

#### Students

- Students
- Students – Traditional
- Students – TAP
- Students – Dual Credit
- Students – Residents
- Students – Athletes

Required Approval: Dean of Student Affairs

Signature:

Date:

## Authorized purpose for distribution:

### Supervisor Approval

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### User Acceptance

By signing below, I agree to abide by the Mass Email Policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### IT Services Use Only

Date Received:

Date Completed: