



## EMAIL ACCOUNT REQUEST FORM

User's Full Name: \_\_\_\_\_

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

Type of Request:      Add a new user      Modify existing user\*      Delete a user\*

\*Modify & Delete Requests Only, Login Username: \_\_\_\_\_

Job Title: \_\_\_\_\_

District: **New Richmond**      School/Building: \_\_\_\_\_

Account Type:    Teacher    Staff    Admin    Student: grade level \_\_\_\_\_

If student account, please specify reason for the account: \_\_\_\_\_

By my signature, I accept the policies and procedures of the Hamilton/Clermont Cooperative Association of Boards of Education.

Last four digits of Social Security Number are required to receive your password.

Last four digits of SSN

\_\_\_\_\_  
Signature of Requestor

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**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY**

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### TECHNICAL DEPARTMENT USE ONLY

User Name: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ System: **www.nrschools.org**