



Bank Street College Student Email Account Request Form

This is an **optional** request for a Bank Street College Email account. Your Email account will be de-activated one month after your graduation from Bank Street College. If you withdraw from the college or remain inactive for four years, your account will be terminated.

Please provide the following information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Last (4) four digits of your Social Security Number: _____

(This will be used to generate the initial password to your e-mail account.)

Your account information will be available for pickup from the Help Desk in room 703 approximately one week from the date of submission.

Agreement Policy*

Available on the web at: <http://www.bankstreet.edu/cis2/acceptableuse.html>

I have read and understood the Bank Street College Acceptable Use Policy Agreement. By signing this form, I agree to abide by the rules, policies, and regulations set forth in this agreement.

Signature: _____ **Date:** _____

*Violation of these policies may lead to loss of privileges, disciplinary action, or more serious legal penalties.

Office Use:

Login Name: _____

Enter user info to Guardian

Initial Password: _____

Prepared by: _____

Date: _____