

VT PACE Address Application Form
Return the completed form to IRM, Campus 0214, or FAX to 231-8649

Use this form to request an e-mail address for a department or work group. All addresses will be of the form *account_name@vt.edu*.

- **The Dean, Director, or Department Head must sign this form.**
- **Direct questions to <http://4help.vt.edu>.**

The VT PACE address should reflect the purpose of the address. Example: *summer_program@vt.edu* could be used to conduct the business of an annual summer program; *Department.of.Dance@vt.edu* may be the general contact address for the department. Addresses may not contain spaces.

Requested VT PACE address: _____

The **primary administrator** is the primary contact person between IRM and department or group requesting the VT PACE address.

Name of primary administrator: _____

Primary administrator's PID: _____

Office telephone number of the primary administrator: _____

Other individuals can also be **administrators**. These administrators, along with primary administrator, can add and delete **members** for the VT PACE address. **Members** are individuals who can see and respond to the e-mail.

Additional administrator(s) At least one who acts as a backup administrator is recommended:

Name of additional administrator	PID of additional administrator	Office telephone of additional administrator
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACH NAMES OF "MEMBERS"--INDIVIDUALS WHO WILL INITIALLY HAVE ACCESS TO THIS E-MAIL, ALONG WITH THEIR E-MAIL ADDRESSES.

Approval: _____

Department name _____ Department number _____

Dean, Director, or Department Head Name (please print): _____

Dean, Director, or Department Head signature: _____

VT ID number of Department Head: _____