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| Agreement: Secondary Email Account |  |
| Issuing Department: University Computing Solutions | |
| Date last revised: May 2020 | |

PURPOSE

The intent of this agreement is to fulfill the need for standards, federally mandated security, and consistency in email communications via secondary email accounts. The Acceptable Use of Computing Resources Policy states that access to university computing resources may be explicitly or implicitly limited.

AGREEMENT

Western Oregon University limits access to secondary email accounts

I hereby agree to the following:

1. I will maintain exclusive access-rights to the secondary email account
2. I will not share the account credentials with anyone
3. I accept full responsibility for the secondary email account and am liable for all of its activity
4. If, at any time, I forfeit my responsibility for the account, I will request to have the account deleted or placed under another user's responsibility
5. I agree to the Acceptable Use of Computing Resources Policy established at Western Oregon University

RESPONSIBILITY

Individuals are personally responsible for online communication. Violations of the Acceptable Use of Computing Resources Policy, the Code of Student Responsibility, or Faculty Handbook will result in the immediate termination of a secondary email account. University Computing Solutions is responsible for disabling secondary email accounts that do not meet the criteria of this agreement.

APPROVAL

University Computing Solutions



**Secondary Email Account Authorization
PLEASE ATTACH COPY OF SECONDARY EMAIL AGREEMENT**

| PERSONAL INFORMATION | | |
|----------------------|------------|-------|
| First Name | Last Name | Date |
| V# | Department | Phone |
| Email | | |

| Signature | Date |
|-----------|------|
| | |

| SECONDARY EMAIL ACCOUNT INFORMATION | |
|--|-----------------------|
| *First Name (Required) | *Last Name (Required) |
| Secondary Email Address (No spaces, capitals, or special characters) | @wou.edu |

***Name you wish recipients of emails to see. This is NOT your personal name.**

| Division Chair/Supervisor Approval | Date |
|------------------------------------|------|
| Signature | |
| Name | |

For questions, please call 503-838-8925 or email ucshelpdesk@wou.edu