



## Shared Mailbox Request Form

Requester's Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailbox Owner: \_\_\_\_\_ Mailbox Name: \_\_\_\_\_@Bergen.edu

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### Mailbox Permissions

Employee Name	Reviewer	Author	Editor	Send on behalf of
_____				
_____				
_____				
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_____				

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Submit this form with all signatures to the Help Desk in **L154B** or scan & send to **helpdesk@bergen.edu**.

All requests for use of IT resources will be governed by the Bergen Community College  
[Acceptable Use of Information Technology Policy](#).