Requesting Email Access & Data Form

SECTION 1 - DEPARTING EMPLOYEE INFORMATION:
FlashLine Username: __________________________  Full Name: __________________________
Last Day of Work: __________

☐ This employee is going on extended leave and read-only access to their email needs to be provided.

Provide access to this FlashLine Username: __________________________
Start date: _______________  End date: __________________________

☐ This employee is departing the university and the department needs to retain access to their email and data.

☐ The employee is a current or previous student, alumni, or retiring faculty, please issue a new @kent.edu email address and FlashLine username to the employee.

How would you like the departing employee’s email account managed going forward?
1. ☐ Forward new emails to (FlashLine Username): __________________________
2. ☐ Create a copy (.pst) of the employee’s Exchange email for the department to access.

FlashLine username for delivery: __________________________

How would you like the departing employee’s Google Drive and OneDrive files handled?
1. ☐ Create a copy of the employee’s Google Drive files for the department to access.
2. ☐ Create a copy of the employee’s Microsoft OneDrive files for the department to access.

FlashLine username for delivery: __________________________

Attention: If the employee requires access to personal or academic email after their separation date, their supervisor should make arrangements to forward those specific emails to the individual. Under no circumstances, should Kent State business related emails be provided to a person no longer employed by the university unless provided exception by the VP of Division of Information Technology and CIO.

☐ This employee is a faculty member who has emeritus status, is seeking emeritus status, or needs to retain their FlashLine Username and @kent.edu email address in order to continue conducting university business.

SECTION 2 - AUTHORIZATION:
This request MUST be authorized by the employee’s direct supervisor and department head.

Supervisor Signature: __________________________  Approval Date: _________________

Department Name: ____________________________________________________________

Department Head Signature: __________________________  Approval Date _________________

Chief Information Security Officer Signature: __________________________  Approval Date _________________


INTERNAL Processing Section (DO NOT FILL IN BELOW)

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