

DATE: \_\_\_\_\_

TO: Human Resources

FROM: \_\_\_\_\_

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## **CAMPUS MAIL ACTIVATION FORM**

This form should be filled out by the new employee's department and faxed or emailed back to Human Resources.

Employee name: \_\_\_\_\_

Vandal number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_

Work address:  On campus: 875 Perimeter Dr. MS \_\_\_\_\_

Off campus: \_\_\_\_\_

Work telephone #: \_\_\_\_\_

**THANK YOU!**