



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

Request for Alum Rock E-Mail Account

First Name: _____

Middle Initial: _____

Last Name: _____

Job Title: _____

Location/School: _____

Department: _____

Phone Number: _____ Ext. _____

Fax Number: _____

Password: _____

Passwords must meet complexity requirements. Please create your password using the following security criteria:

- 1) It is not based on your name.
- 2) Contains at least 7 characters.
- 3) Contains characters from three of the four following categories:
 - Uppercase alphabet characters (A-Z)
 - Lowercase alphabet characters (a-z)
 - Arabic numerals (0-9)
 - Nonalphanumeric characters (for example, !\$,%,%)

Examples are: **Hard2Hack** **MakeItStop!** **Ab1234!**

REMEMBER YOUR PASSWORD. We DO NOT keep records of passwords!

APPROVALS

Administrator Authorization: _____ Date: _____

I.T. Manager: _____ Date: _____

Please fax completed form to: Information Technology Support Services Department @ (408) 928-6415
Attention: Help Desk. Thank you!