



# Baltimore County Public Schools Electronic Mail Application Form

For Office Use Only:
<input type="text"/>
New Account Number

Please complete this form, make a copy for your records, and return the **original** to the Department of Technology at Timonium via interoffice mail or mail to the Department of Technology, Attn. Postmaster, 1940-G Greenspring Drive, Timonium, MD 21093. Once your account is set up, you will receive your account information via interoffice mail. **PLEASE USE AN INK PEN AND PRINT LEGIBLY. INCOMPLETE, UNREADABLE OR FAXED FORMS WILL NOT BE ACCEPTED.**

### Applicant Information (Please print.)

_____ Name (Last, First, M.I.)	_____ Last 4 Digits of SSN
_____ Position	_____ Office/School Phone
_____ Office/School	_____ Extension

To help you understand the obligations and responsibilities involved in having a BCPS Business Electronic Mail Account, please read, **initial** and sign this application.

\_\_\_\_\_  
INITIAL I have received and read the BCPS Telecommunications Policies and Rules and have signed the Acceptable Use Policy for Employees AND APPROVED NON-EMPLOYEES ([Series] RULE 4006, Form A). A copy is on file in my personnel file at the BCPS Department of Human Resources [(centrally hired employee) or on file with the office head/principal (locally hired employee)].

\_\_\_\_\_  
INITIAL I understand that this email account is granted to me to conduct business for the Baltimore County Public Schools.

\_\_\_\_\_  
INITIAL I will not engage in any illegal or legally questionable activities via my BCPS Business Electronic Mail Account, including, but not restricted to, chain letters, web mail, instant messaging, spamming, harassing or vulgar electronic mail, etc. I understand that violations of the BCPS Telecommunications Policy and the Business Electronic Mail Account may be a violation of law, civil regulations, or Board Policies. Suspension of telecommunications privileges, disciplinary action, and/or legal action may result from any infringement of the BCPS Telecommunications Policy.

\_\_\_\_\_  
INITIAL I understand that I must not share my password or account with others. I agree that I am personally liable for any use of my account not in accordance with the BCPS Telecommunications Policies and Rules. If I lose/forget my password, I will contact the BCPS Customer Support Center at 410-887-4672.

\_\_\_\_\_  
INITIAL The regulations governing and services offered by the BCPS Business Electronic Mail Accounts are subject to revision at any time. Account holders will be notified of any policy changes via the BCPS website or other appropriate means and will be required to abide by current policies.

\_\_\_\_\_  
INITIAL I will inform the Department of Technology Postmaster immediately of any changes in my position, work location, job status, name, etc. by submitting an updated Electronic Mail Change Form ([Series] RULE 4006, FORM D).

By signing this form, I agree that I am personally liable for any use of my account not in accordance with the BCPS Telecommunications Policies and Rules.

_____ Signature of Applicant	_____ Date	_____ Authorized by Office Head/Principal
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#### FILING INSTRUCTIONS FOR BCPS PERSONNEL

[A central depository of granted Electronic Mail Accounts is maintained by the Department of Technology. THE DEPARTMENT OF HUMAN RESOURCES OR THE OFFICE HEAD/PRINCIPAL WILL NOTIFY THE DEPARTMENT OF TECHNOLOGY WHEN APPLICANT IS NO LONGER AFFILIATED WITH BCPS.]

**SEND SIGNED FORM TO:  
POSTMASTER, DEPARTMENT OF TECHNOLOGY, TIMONIUM OFFICE**