

# Department-program Online Communications System USER AGREEMENT

**Please read this ENTIRE form and complete as required!**

DOCS is a communications tool that allows authorized Chairpersons and Program Heads to email students enrolled in their majors, minors, concentrations, and graduate programs. It can also send email to students registered in one or more specific sections within their area.

The College must be VERY careful how we use bulk emails. This very important and convenient tool is only useful if we do not annoy our students with unnecessary emails. Furthermore, in this age of rampant SPAM and overzealous SPAM protection, an irresponsible bulk mailing can result in major email providers blacklisting the ENTIRE college email domain for weeks.

I agree that I will use this account only for the purpose stated below and will follow the College's email policies and recommended practices. This account is for my use only, and I agree that I will not permit others to use it. I agree to obey all rules concerning the use of the system. I promise to notify ITS or Communications when I cease filling the Chairperson or Program head role for which access was assigned. I understand that misuse of the DOCS tool may result in revocation of this account.

By acceptance of DOCS access, I certify that I have read, understand and agree to the above, and have attended or will attend the mandatory DOCS training.

<b>A P P L I C A T I O N</b>	Name (print or type) _____ Your Title _____ Signature _____ Date ____ / ____ / ____ Telephone <b>951-</b> _____ Department: _____ Room _____ Bldg. _____ <i>NOTE:</i> The system will be accessed using the last 4 digits of your CUNYfirst employee ID and an Access Code. If you do not yet have an access code, the initial code will be created for you and sent via email. You will then have to change it when accessing the system. ALL INFORMATION ABOVE IS REQUIRED
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*Fill out this part if different from section above (to be filled by Department Chairperson if different from above)*

<b>C H A I R P E R S O N</b>	Name _____ Title _____ Signature _____ Date ____ / ____ / ____ Telephone <b>951-</b> _____ Dept. _____ Room _____ Bldg. _____ All above is required information
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**\* Please fax completed application at: (718) 951-4558. \***

⌘ DO NOT WRITE BELOW THIS LINE ⌘

Approved/Established by \_\_\_\_\_ Date \_\_\_\_\_