

RETIRED STAFF REQUEST FORM

STOCKTON UNIVERSITY
101 VERA KING FARRIS DRIVE
GALLOWAY, NJ 08205-9441

SECTION 1 To be completed by the Employee	Personal Identification and Information		
	Last Name		First Name
	Street Address		MI
	City		Apt./Unit Number
	State		ZIP/Postal Code
	Primary Phone Number		Retirement Date
			Last Day Worked
	Z-Number	Username	
Previous Division		Previous Department	
ID Card Photo	Retain Previous Photo	Take New Photo	

SECTION 2 Email Address Information	5HWLUHHV DUH HOLJLEOH WR RSW LQWR WKH 6WRFNWRQ 8C GLVWULEXWLRQ OLVW XVLQJ D SHUVRQDO HPDLO DGGUHV	
	Personal Email Address	
1MFBTF DIFDL UIF 463" CPY UP PQU JO UP UIF 4UPDLUPO 6OJWFST SURA		

SECTION 3	Acceptable Usage Policy Information
	Any Stockton retiree who chooses to opt into 6 8 5 \$ distribution list must continue to uphold the expectations set forth in the University's Standards Concerning Acceptable Usage, which can be found at: https://stockton.edu/information-technology/acceptable-use-standards.html
The University will observe reasonable practices to respect the privacy of a retiree's personal email, however, it reserves the right to access email documents that pertain to University business.	

Employee Signature _____	Date _____
Human Resources Signature _____	Date _____