

KGHRI Email Domain Request Form

Completed forms that have been signed by applicant and Principal Investigator/Department Head are to be scanned and emailed to Veronica Harris-McAllister (harrismv@kgh.kari.net)

Name _____
(Please print) (Last name) (First name) (Middle Initial)

Job Title _____

Department/
Specialty _____

Contact Info _____
(Telephone) (Email)

Principal Investigator (PI)/ Dept. Head (if PI) _____
(Print name)

Request Date _____
Year Month Day

Do you conduct research at KGH? Yes No

Do you have e-mail messages in your KGH mailbox that must be retained as part of your research activity? Yes No

Rationale for Remote Access: Why do you need a KGHRI email address? Briefly describe your research activities.

Research Policy Review

I have reviewed and understand the KGH policies around email useage and I agree to adhere to all policies and understand that failure to do so will result in the removal of my access rights and/or disciplinary action up to and including termination.

Applicants
Signature _____

Date _____
Year Month Day

Principal
Investigator/
Dept. Head _____

Date _____
Year Month Day

Manager,
Health
Sciences
Research
Veronica Harris-McAllister _____

Date _____
Year Month Day