

RETIREE - CTS Services Exit Questionnaire

Name: _____

Potsdam E-mail: _____

Last Day: _____

I wish to retain my SUNY Potsdam e-mail account.

I DO NOT wish to retain my SUNY Potsdam e-mail account.

If not, I would like to forward my e-mail to another account.

Please provide
account address: _____

If so, how long? _____

I wish to retain my Helios Data Storage

I wish to remain enrolled in NY-Alert and continue to be sent campus emergency notifications.

I DO NOT wish to have my information listed in the SUNY Potsdam On-line Directory

I would like the below information published in the SUNY Potsdam On-Line Directory:

First Name: _____

Middle Initial (Required): _____

Last Name: _____

Home Address: _____

Email: _____

Telephone Number: _____

Signature

Date

Please return to the CTS Helpdesk, Stillman Hall Room 103.