

RETIRED STAFF REQUEST FORM

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

SECTION 1	Personal Identi	ification and	d Informa	ition										
		First Name							MI					
To be completed by the Employee	Street Address							Apt./Unit	Numbe	er				
City	State	State							ZIP/Postal Code					
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Primary Phone Number	Retirement Da	Retirement Date Last Day						y Worked						
Z-Number			Jsername										$\overline{}$	
Previous Division			Previous Dep	artment										
ID Card Photo														
	Retain Previous Photo		Take New Photo											
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CENTION O	Retirees are elig	aible to ont	into the	Stoc	kton II	nivor	city D	otiroo	s' A s	cocia	otion			
SECTION 2	distribution list						SILY N	euree	> A5	SOCI	1011	1		
Email Address Information														
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Personal Email Address	S													
Plassa chack tha	SURA box to opt in	to the Stock	kton Univ	arcity	, Ratira	ص'د ∆ د	socia	tion or	mail (dictri	ihuti	on lic	+	
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	SURA													
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SECTION 3	Acceptable Usag	e Policy Into	rmation											
	Any Stockton retir	ree who cho	oses to or	ot into	o SURA	distri	butio	n list m	nust d	conti	nue ¹	to		
	uphold the expect	tations set fo	orth in the	. Univ	ersity's	Stand	dards	Conce	rning	Acc	epta	ble		
	Usage, which can https://stockton.e			ology	//accen	tahle.	-1150-6	tandaı	ds ht	ml				
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The University will observes the right to a	serve reasonable pra	ctices to res	pect the p	rivac	y of a re	etiree'	's pers	sonal e	mail,	how	/ever	, it		
reserves the right to a	ccess email documer	nts that pert	am to om	versii	ly busin	iess.								
Employee Signature					Dat	te								
Harman Bree					D									
Human Resources Sign				Dat	:e									