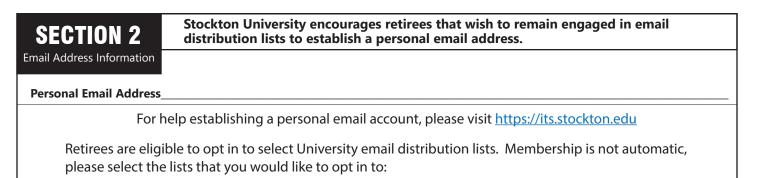
STOCKTON HUMAN

RETIRED STAFF REQUEST FORM

SECTION 1	Personal Identification and Information											
To be completed by			F	First Name			MI					
	reet Address						Apt./Unit	Number				
City						ZIP/Postal Code						
Primary Phone Number	lumber Retirer			letirement Date			Last Day Worked					
Z-Number		Us	sername									
Previous Division			Previous Depa	irtment								
ID Card Photo	Retain Previous Photo			Take New Pho	oto							



StockTalk

SURA

SECTION 3

Acceptable Usage Policy Information

Any Stockton retiree who chooses to opt into Unversity distribution lists 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_______