



# Instructional Technology Center

216 North 21st Street  
Harlingen Texas, 78550

## REQUEST FOR H.C.I.S.D. EMAIL ADDRESS

Please complete the information below and return this form to the Instructional Technology Center (**FAX 427.3086**)

**NAME:** \_\_\_\_\_

**CAMPUS or DEPARTMENT:** \_\_\_\_\_

**USER NAME:** \_\_\_\_\_  
(6-8 lowercase letters only)

(Please choose something that will allow people to easily recognize your name.)

Examples:

Emily Reed = emilyr

Benito Juan = benjuan

**PASSWORD:** \_\_\_\_\_  
(at least 6 characters & lowercase letters)

(For security purposes, your password **must** have the following):

1. At least one (1) number
2. Nothing that will easily identify you

Examples:

2sunny

7beach

**REMEMBER:** Do not keep this sheet as it contains all information necessary to access your email account. If you have trouble remembering your password, record it and keep it in a safe place. Do not give anyone your password. By doing so you are potentially giving that person access to your email account. Please contact the Instructional Technology Center immediately if you think you need to change your password. (Phone: 427.3085)