



“Linking Citizens of Louisiana with Opportunities for Success”

Southern University and A & M College System
AGRICULTURAL RESEARCH AND EXTENSION CENTER
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Office of Technology Services Email Registration Form

(Please Print all Information Below)

Application Date: _____

Last Name: _____ First Name: _____ Middle ID: _____

Office Ph.#: _____ Ext: _____ Home Ph.# _____

Department: _____

Suggested E-mail Id: _____
(Ex: firstname_lastname@suagcenter.com)

Current Email Address: _____

~ Type of Account ~

Administration: ___ Faculty: ___ Staff: ___ | Research ___ Extension ___ Technology ___ Special Account ___

(Please check appropriately)

Applicant Signature

Special Account Approval
Leodrey Williams, Chancellor

Please return form to Office of Technology Services, RM 175 (Request Box)

For Office Use Only:

Email Id: _____ @ suagcenter.com Password: _____

Issued By: _____ Date Issued: _____

Office of Technology Services – Signature

Note: All issued passwords can ONLY be changed by the System’s Administrator via request.