

UCI Center for Emeriti & Retirees



YOUR UCI EMAIL ADDRESS AND UCINET ID

All eligible UCI Faculty and Staff Retirees have the option to maintain UCInetIDs and email addresses through sponsorship via the UCI Center for Emeriti & Retirees. This benefit enables you to maintain key contacts, register for programs, obtain 50% discount on parking permits as well as other discounts and access library services on campus. This Center will keep your email on a confidential listserv and only send you updates about any benefit changes, pension and medical plan information and programs available to you as a retiree.

Please fill in the information below, sign the acceptance of continued responsibility at the end of this page, and email, fax, or mail this form to the CER Office.

UCI INFO

Last Name: _____

First Name: _____ MI: _____

Position: _____

Dept: _____ Division of Continuing Education*

Retirement Date: _____ Years of Service: _____

UCI Alumni? Yes No

Please Note:

- You must have 5 years of service and be at least 50 years old to be a UC Retiree
- You MAY utilize different portals to access email, such as exchange or health sciences. Many will access via <http://webmail.uci.edu>.
- PLEASE check with your Health Sciences help desk (714-456-3333) or OIT (main campus) help desk (949-824-2222) computing assistance personnel to find out if you will have the same access to which you are accustomed.
- *DCE retirees are implying consent to notify the DCE IT Department of their retirement date

ACCEPTANCE: I understand that I am being granted ongoing access to electronic resources at UCI. I agree that I will be bound by relevant federal, state and local law, as well as University policies and procedures governing electronic access. I acknowledge that this access is for my own personal use only, and I agree that I will not allow others to use my password or identity, nor will I use UCI electronic resources for commercial purposes. I understand that I am granted this privilege at the sole discretion of the University, and that such access may be revoked at any time, for any reason.

For more information on University policies regarding electronic access, see:

<http://www.policies.uci.edu/adm/pols/714-18.html>

Signature: _____

Date: _____

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CONTACT INFO

Address: _____

City: _____

State: _____ Zip Code: _____

Home / Cell Phone: _____

UCI Email: _____

Preferred Email: _____
(if different)