

FAX MAIL REQUEST FORM



Applicant name structure

University Information System

Viale delle Scienze, Building 11
90128 Palermo
Fax 0916529124
c.a dott. Fabio Sangiorgi

Subject: Activation of Fax Mail users

With the present one demands the **activation** of a **Fax Mail** user addressed to _____
_____ telephone _____.

Faxes addressed to the assigned number will be sent to the following e-mail addresses:

_____ @unipa.it

_____ @unipa.it

_____ @unipa.it

_____ @unipa.it

The temporary password and the instructions for the use of the service will be sent via email when the service is activated.

Signature of the responsible person
