

“@riken.jp” email address Extension Request form

Date of application (mm/dd/yy) / /

Email address to extend

	@riken.jp
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User information

RIKEN ID _____

Name _____

Section/Lab _____

(at the time the user left RIKEN) _____

Extension period (mm/dd/yy) / / – End of / (mm/yy)

(Next day the user left RIKEN) (Maximum 1 year)

Reason of extension ☐ “@riken.jp” address is used for submitting papers.
 ☐ To keep a contact address after leaving RIKEN.
 ☐ Other ()

* Keeping the email account is possible when the address is necessary for research reasons and the supervisor's approval is given.

* Account for "File Delivery Service" cannot be extended. Your account expires and uploaded files will be deleted.

Supervisor (Director / Team/Unit leader)

I approve the above user keeps RIKEN email address during the
requested period after the user left RIKEN.

Name _____

Signature (seal)

* Supervisor's signature or seal is mandatory.

RIKEN ID _____

Email address _____ @riken.jp

Applicant

☐ Same as user

☐ Substitute (Please fill in the below items)

RIKEN ID _____

Name _____

Email address _____ @riken.jp

* Personal information you have provided is subject to RIKEN Privacy Policy and will not be used for any other purposes than to contact you.

* If you have any questions, please contact us
Information Systems Division (mail-section@riken.jp)