



Messaging and Directory Services (MDS) Project Migration Site Acceptance Document

PURPOSE: This form is to document verification of acceptance of the Messaging Agency Migration:

Agency/Site	
Location/Address	
Agency Point of Contact	
Agency Information Technology Representative (AITR)	

The checklist and signature form below are designed to provide a guide to ensure that your agency or site can utilize the Messaging End User and Agency Directory services for e-mail and perform the steps necessary to support your agency or site. This form will be returned to the Transformation POC

#	Date	☑	Items
1		<input type="checkbox"/>	Able to receive mail on the Enterprise Messaging System
2		<input type="checkbox"/>	Able to send mail on the Enterprise Messaging System
3		<input type="checkbox"/>	Able to Log in to Workstation
4		<input type="checkbox"/>	Able to Print
5		<input type="checkbox"/>	Able to access File Servers
6		<input type="checkbox"/>	Able to access applications
7		<input type="checkbox"/>	Support Structure has been communicated and in place.
8		<input type="checkbox"/>	Agency Record Retention Requirements Met
9		<input type="checkbox"/>	Messages, contacts, calendars, and distribution lists transferred to Enterprise Messaging System (If Applicable)
10		<input type="checkbox"/>	Able to send and receive mail using Blackberry Devices (if applicable)
11		<input type="checkbox"/>	Able to access Adjunct Services such as Instant Messaging, Fax, SharePoint etc.(If applicable)
12		<input type="checkbox"/>	Able to receive mail via Outlook Web Access (OWA)
13		<input type="checkbox"/>	Able to send mail via Outlook Web Access (OWA)

The following issues log is for action items that need to be completed that are outside the realm of responsibility of the MDS Team.

Issues Log

- 1.
- 2.
- 3.

Please provide any comments or outstanding issues with the migration in the space provided below. If more space is required, please use the back of this sheet to continue your comments.

Additional Comments:



I have verified the above checklist, and to the best of my ability, the items above are working as needed for business purposes.



Agency or Site Contact Name – Last, First Name (Printed) _____

Agency or Site Contact Signature _____

Telephone Number (____) _____

Date _____