## Application for Temporary Internet Account



Details marked with \* must be supplied – Please print in block letters.

Illegible or incomplete forms may delay processing.

Attach completed form to a request via LogIT or return to the I.T. Kiosk in Red 1.

Staff members applying for a temporary account for class use are personally responsible for ensuring that all individuals who may use the account are aware of the University's policies and guidelines regarding the use of our information systems.

TO BE COMPLETED BY APPLICANT OF THE TEMPORARY ACCOUNT				
* Surname / Family Name:		* First / Given Name:		
* Faculty / Department:	* Bldg / Level /	/ Room No:	* Contact	t No:
* Reason for Account Creat	ion:			
* Account End Date:	(Please Note if En	d Date is NOT supplied	, account will NOT b	pe created)
* Applicant Signature:	* Title / Pos	* Title / Position / Student Number:		* Date:
TO BE COMPLET	ED BY THE PERSON A	UTHORISING TH	HE TEMPORA	RY ACCOUNT
* Authorised by:	* Position / Title:	*	Signature:	
* Date:	* Contact Numbe	r: *	* Email:	