



REQUEST FOR INTERNET ACCESS FOR FACULTY PERSONAL DEVICE

Instructions:

- Fill in all required information below
- Submit completed form to IT Department AD-107
- One device per user. If device does not connect to the network for 120 consecutive days, the reservation will be terminated.
- Device must be brought to IT for verification before Internet Access is granted

REQUESTOR INFORMATION

Date	
Full Name	
Device Hostname (*)	
Device MAC Address (*)	
Current Antivirus Software	
Department	
Location (Building & Room)	
Location Type	<input type="checkbox"/> Lab <input type="checkbox"/> Classroom <input type="checkbox"/> Office <input type="checkbox"/> Other _____
Contact Phone	
E-mail Address	
Intended Use for Device	
Requestor's Signature	
Department Chair's Signature	

IT USE ONLY

IT Staff	
Console IP Assigned	
Console Hostname	
Completion Date	

(*) If you need assistance getting the information, please ask Instructional Assistant in the assigned lab or call ITHelpDesk at x2049.