University Systems and Security

PUBLIC IP ADDRESS REQUEST

IP address will be granted in the form of a DHCP reservation.

Request will be granted on a first come first serve basis. Please submit this form as early as possible to University Systems and Security. Forms not filled out properly cause a delay in processing. For faculty/ staff only.

Name: _____ _____ Ext: _____
First Name Last Name

Email Address: _____

Campus/Dept: _____

Location of the Machine: _____

Type of Operating System: _____

Preferred DNS Name: _____

Date Submitted: _____

Mac Address of Device: _____

Usage of FDU's computer and networking facilities acknowledges that you have read and agree to abide by the terms and conditions of FDU's Acceptable Use Policy. Copies of the policy may be obtained at http://isweb.fdu.edu/policies/accept_policy.html as well as any of the Academic Computer Center facilities.

I have read both the FDU Acceptable Use and Web Use Policies. I agree to the terms and conditions thereof.

_____ _____
Signature Date

Approval of Department head or chairperson: *(not required for updates)

_____ _____
Please Print Name Signature

Approval of Marketing and Communications Dept:

_____ _____
Signature Date

Computer Center Use Only.

Created by: _____ Date: _____ Virtual Web: _____

Revised 5/2013