University Systems and Security

TCP PORT REQUEST

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.

Name: _____ _____ _____
First Name Init Last Name

Email Address: _____

Campus/Dept: _____

Program Name: _____

Type of Operating System: _____

Host/Destination IP & Port: _____/_____

Date Submitted: _____

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:

_____ _____
Please Print Name Signature

Computer Center Use Only.

Created by: _____ Date: _____ IP Address/Port: _____

Revised 11/2004