UNIVERSITY SYSTEMS AND SECURITY

VIRTUAL WEB SITE REQUEST

Virtual web site resides on the Alpha. Requests will be granted on a first come first serve basis. Use blue or black pen to fill out this form. For faculty/staff only.

Responsible party:			
First Name	Last Name	Pho	ne
Campus:	Department:		
Purpose:			
Preferred name for the virtua	l web site:		
Responsible Users on Alpha.i Add/Remove Alpha Userna		ite (√ to add, × to rem <u>Last Name</u>	ove): <u>Phone</u>
Approval of Department	nt head or chairperson:		
Please Print Name		Signature	
Responsible party assum	ning responsibility for this vir	tual web site:	
Signature		Date	
Computer Center Use Only.			
Created by:	Date:	Virtual Web:	