NETWORK IP ADDRESS REQUEST

Requests will be granted on a first come first serve basis. Forms not filled out properly cause a delay in processing. All requests must be submitted to Bancroft Hall, M/S:T-BH1-01, Fax:201-692-2494. Use blue or black pen to fill out this form.

Name: ______________________  ______________________  Phone: ______________________
   First Name               Last Name

Campus: ______________________  Department: ______________________

Location of the Machine: ______________________

NIS Domain Name (Optional): ______________________

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/Document/Document.html as well as any of the Academic Computer Center facilities.

I have read the FDU Acceptable Use Policy and agree to the terms and conditions thereof:

_____________________________  ______________________
Signature                  Date

Computer Center Use Only.

Created by: ______________________  Date: ______________________

IP Address: ______________________  Host Name: ______________________

Revised 5/2001