University Systems and Security

PUBLIC IP ADDRESS 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. 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

Created by: ___________________  Date: _____________________  Virtual Web: ___________________________

Revised 5/2013