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: ___________________