

REQUEST FOR ACCESS TO IT RESOURCES

- To be returned to the **ICT Service Desk** PW116 or fax to (03) 9479 1663.
- This form must be signed by the authorised manager/delegate of the School/Faculty/Business/Residence to which you belong.
- Please fill out the applicable categories below.

Family Name: _____

Given Names: _____

School: _____

Faculty: _____

Contact No. _____

Expiry Date: _____

USER TYPE			
<p>Office Use Only</p> <p>Staff No. _____</p> <p>AD Account: _____</p> <p>Add Mailbox Other</p>	<p>University Visitor: (required for 4 weeks or less)</p> <p>Active Directory Email Other</p>	<p>External Client: (located on campus premises)</p> <p>Business Name: _____</p> <p>* Non-DEST/Research funding Active Directory Email Other</p> <p>*Note: There is a charge for Non-DEST/Research funded IT Resources</p>	<p>External Student: (living in University residence)</p> <p>University Residence: _____</p> <p>Require Network Access Dept.: _____</p> <p>Active Directory Other</p>

Special Requirements: _____

DECLARATION
<p>I indemnify the University and hold the University harmless from and against, any loss, cost, expense, or liability arising from any claims, demands, or proceedings by any person against the University whatsoever:</p> <ol style="list-style-type: none"> a) Arising from my use or attempted use of any service, facility, or equipment connected to the La Trobe University information technology network; b) Arising out of any hardware or software contamination resulting from such use; c) Brought by any third party against the University for infringement of that third party's Intellectual Property Rights arising out of my use of any information technology service provided by the University; <p>except to the extent that such loss, cost, expense or liability arises from or is attributable to any negligent act or omission, or wilful misconduct on the part of the University, its officers, employees, contractors and agents.</p> <p>Signed: _____ Date: _____</p> <p>Please familiarise yourself with, and abide by, the University regulations associated with computer usage at La Trobe University at the following web address http://www.latrobe.edu.au/ict/policies</p>

Authorised Person: (print name) _____ **Position** _____

Reason for access _____

Signature _____ **Contact Number** _____

OFFICE USE	<p>Username: _____</p> <p>Expiry Date: _____</p> <p>Password: _____</p> <p>Alias: _____</p>	<p>LTU Domain</p> <p>STUDENTS Domain</p> <p>Machine _____</p>	<p>Date Created: _____</p> <p>ID Verified: _____</p> <p>SR No: _____</p>
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