MASSEY UNIVERSITY INFORMATION TECHNOLOGY SERVICES

Non-Standard Network Access Request

ITS Use
Inc #

INCOMPLETE FORMS WILL BE RETURNED. Please contact the ITS Service Desk, extension 82111, for assistance. Do not use this form to request network access for Massey staff (including temporary or casual staff) or postgraduate students. See below for explanatory notes. ITS reserves the right to revoke or change the way access is provided and this may result in a change of credentials assigned to the individual, group or service.

Sponsor (Details of Massey staff member supporting the request) (PLEASE PRINT CLEARLY)

First / Given Names: _____ Title: _____

Last Name: _____ User / Client code: _____

Section/Unit: _____ Extension: _____

Principal Site (tick one only): Albany ☐ Wellington ☐ Ruawharo ☐ Manawatu / Other ☐

Requirements / purpose / description of usercode (continue on a separate sheet if necessary): _____

_____

_____

_____

Signed: _____ Date: _____

Facilities Required (granting access to facilities will be assessed on a case by case basis and is not guaranteed).
Note: Library electronic journal access is available only on dedicated computers in the Library buildings.
Wireless access for conference attendees must be made using the MUEvents Wireless Network Access form.

1. Network (home) drive ☐ 2. Web ☐ 3. Wireless ☐ 4. Email address ☐ 5. Address book listing ☐

6. Reason for email address / address book listing, if requested: _____

_____

7. **Type of Access:** i. Resource/Application ☐ Preferred Resource Usercode name _____

ii. Single user access ☐(User to complete Non-Massey Staff section) iii. Multiple users ☐ No. of users: _____

8. Length of access (**mandatory**): Active from _____ until: _____

9. Accessible: Days of the week: All / Specify _____ Hrs of the day: All / Specify: _____

10. Server access ☐ Server name(s): _____

Access type (VPN, Terminal Services, FTP) (circle one)

11. Monetary limit (budget) to be set (additional to $10 monthly access charge) ☐ Amount: $ _____

Non-Massey Staff Contact Information (Please PRINT details. Signature is mandatory.)

Current (non-Massey) Email address: _____

Full Name: _____

Parent Organisation: _____

I have read and agree to comply with the University codes of practice and associated policies, available on the Massey web site, that relate to access and use of Massey University IT services and equipment. (You should familiarize yourself with relevant policies before you complete this section.)

Signed: _____ Date: _____

Department Account Controller to Complete (PLEASE PRINT CLEARLY)

Ledger code (GL, PR etc.): _____ (for monthly debiting to a Ledger Account)

Account Controller Name (please PRINT): _____ **Ext.:** _____

Signed (Account Controller): _____ **Date:** _____

Please return the form to ITS Reception, Turitea, PN460. Tick if form has been faxed / emailed: ☐

Information Technology Services to Complete: Reviewed by (Initials): Approved: Yes / No

Network Usercode: | | | | | | | | | Email Address (if assigned): _____ @massey.ac.