

# NZSM Network User Registration Form

## Applicant to Complete

First Name

Initials

Last Name

NZSM Student ID

Your Primary Location (Campus/Site)

Have you previously had network access at Massey University?  Yes  No

I agree to comply with the Massey University code of practice and associated policies as documented on the Massey University web site <http://www.massey.ac.nz/?iadae3917s>

I will not, without the express permission of the copyright holder, copy or enable other people to copy proprietary software help by Massey University Information Technology Services.

I understand that Massey University does not guarantee that any software or documentation is error-free or that any error or non-conformity can be remedied.

Signed (by applicant)

Date

## NZSM Account Controller to complete

Request number

ITS Identifier (e.g. 9309D1)

User Code Password 

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Student  Staff

If this registration should automatically terminate please specify the termination date

Date (month & year)

Signed (by Account Controller)

Date

Name of account controller (please print)

Phone/extension

ITS signoff

Date