

NZSM Network User Registration Form

Applicant to Complete

| | | | |
|---|---------------------------|--------------------------|----------------------|
| First Name | <input type="text"/> | Initials | <input type="text"/> |
| Last Name | <input type="text"/> | NZSM Student ID | <input type="text"/> |
| Your Primary Location (Campus/Site) | <input type="text"/> | | |
| Have you previously had network access at Massey University? | <input type="radio"/> Yes | <input type="radio"/> 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) | <input type="text"/> | Date | <input type="text"/> |

NZSM Account Controller to complete

| | | | | | | | | | | | |
|---|---|------------------------------|----------------------|--|--|--|--|--|--|-------------------------------|-----------------------------|
| Request number | <input type="text"/> | ITS Identifier (e.g. 9309D1) | <input type="text"/> | | | | | | | | |
| User Code Password | <table border="1"><tr><td>s</td><td>m</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | s | m | | | | | | | <input type="radio"/> Student | <input type="radio"/> Staff |
| s | m | | | | | | | | | | |
| If this registration should automatically terminate please specify the termination date | | Date (month & year) | <input type="text"/> | | | | | | | | |
| Signed (by Account Controller) | <input type="text"/> | Date | <input type="text"/> | | | | | | | | |
| Name of account controller (please print) | <input type="text"/> | | | | | | | | | | |
| Phone/extension | <input type="text"/> | | | | | | | | | | |
| ITS signoff | <input type="text"/> | Date | <input type="text"/> | | | | | | | | |