

AU Network Mac Address Registration Form

Submission Type: New Registration Delete a Registration Update Previous Registration

Reason for request: _____

Faculty/Office Name: _____
Dean/Director Name: _____
Technical Contact: _____
AU E-Mail Address: _____ **Phone Number:** _____

Device type: _____
Place of use of device. All AU coverage campus network.
 Fix place, please define. **Campus** HM SV **Building:** ____ **Floor:** ____ **Room No:** ____
More Location Description: _____
MAC Address (LAN): _____ **MAC Address (Wireless):** _____

Special Network Information Configuration

Service's Name	Source IP Address	Destination Domain Name/IP Address	TCP Port	UDP Port

I agree to abide by the policies and procedures for use of this resource as established by Assumption University Announcement No.12/2008 Subject: Departmental Servers Policy. I understand that:

- Failure on my part to abide by these restrictions may result in disconnection from network,
- Assumption University reserves the right to disable my network connection if it is determined that my connection is causing problems on the network,
- By providing an Internet device on the campus network that I am required to keep that device secure from outside attack.

Dean/Head Department

 (_____)

Date ___/___/___

Technical Contact

 (_____)

Date ___/___/___

Office Use Only

Approved Not Approved _____

ITS Director

 (_____)

Date ___/___/___

Verified Network Configured

ITS Network Engineer

 (_____)

Date ___/___/___