

# Network Access Application Form

## Applicant Details - (Please PRINT clearly in BLOCK letters.)

Surname

First Name

Rank

Division

Office Telephone Number

Organization

Office Number

Requested By (Username)

## Email / Network Access Requested

Email and PC/Mac Network Logon Access

Internet Access Only

## Applicant Declaration

I understand and agree that access is granted on the condition I honour the IT Policies with regard to the use of and copyright of computer software.

Applicant's Signature

Date Signed

## Network Authorisation (External Parties Only)

I hereby give consent that the applicant be granted temporary access to the network.

Authorising Signature (Head of HR)

Name of Signatory (Please PRINT!)

Phone Number

Date Signed

## Email / Desktop Network Authorisation (Employees Only)

I certify the applicant is a staff member of the Regional Council.

Authorising Signature (Head of HR)

Name of Signatory (Please PRINT!)

Phone Number

Date Signed

Please submit your completed application to the IT Office

**IT Office Use Only**

Service Request #: \_\_\_\_\_

Username Issued: \_\_\_\_\_

Processed By: \_\_\_\_\_

