EVER TO EXCEL

SAHṚDAYA
COLLEGE OF ADVANCED STUDIES

INTERNET ACCESS REQUEST FORM
[Faculty / Staff]

Date [DD/MM/YYY] :

Name of Faculty/Staff :

Employee ID   :

Department   :

Email Address   :

Phone Number   :

Access Type : ☐ Basic ☐ Youtube ☐ Online shop ☐ Full Access

Terms and Conditions: By signing below, I acknowledge that I have read and understood the college policies regarding Internet access and agree to abide by them. I understand that the provided Captive Portal ID is for my personal use only and should not be shared with others. I also acknowledge that any unauthorized access or misuse of the network may result in the revocation of my access privileges.

                                                    Request Approved by [Principal]

Applicant Name: Name :

Signature: Signature :

                                                    Request Approved by [CTO]

                                                    Signature :

_____To be filled by Central IT Department_____

Duration : _____Days/Months/Year (Maximum allowed duration : 1 year)

Captive portal ID issued :   MAC address :

System Administrator Name & Signature :

Date: _____