SAHRDAYA
COLLEGE OF ADVANCED STUDIES
KODAKARA, THRISSUR

INTERNET ACCESS REQUEST FORM
[Non-Teaching 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 [Finance Officer]

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 :