SWINBURNE UNIVERSITY OF TECHNOLOGY

Information Technology Services

Application for Staff IPass Account

Return your signed completed form to ITS Help Desk, Internal Mail H 37 or Fax 9214 5406.

TENURE DETAILS *(USE BLOCK LETTERS)*

◯ **Full time / Contract:** ◯ **Sessional:** ◯ **Casual:** ◯ **Affiliate / Other:** *(Place a Tick)*

Staff OPAX **ID No.**

PERSONAL DETAILS

Surname:

Given Name/s:

Room Number:

Phone Number:

Dept or Org:

Campus:

Mail Number: *All fields must be filled*

ACCOUNT REQUEST

Account Expiry Date ☐☐ / ☐☐ / ☐☐

◯ **IPass Account**

HEAD OF DEPARTMENT'S AUTHORISATION *(to be read and signed by applicants Head of Department)*

I, the undersigned, as the applicant's Head of Department, affirm that the above staff member requires the designated computer access.

Name: (***USE BLOCK LETTERS)***

Signed: Date: ☐☐ / ☐☐ / ☐☐

ACKNOWLEDGEMENT OF RESPONSIBILITY *(to be read and signed by the applicant)*

I, the undersigned, acknowledge that I have read and understood the Swinburne University Information Technology Systems Access and Use policy*, and that I agree to adhere to the policies and statutes detailed therein. I understand that if I misuse any Swinburne facilities or breach any of the laws pertaining to computer crime (Section 76a of the Crimes Act) my computing priveges may be removed and I may be subject to prosecution in a criminal court.

Signed: Date: ☐☐ / ☐☐ / ☐☐

*The Swinburne University Informaton Technology Systems Access and Use Policy can be accessed via the web. (Refer to URL: http://www.its.swin.edu.au/standards_policies/it_standards/policies.htm

ACCOUNT CONFIRMATION AND INFORMATION *(OFFICE USE ONLY)*

Account	Username	Initial Password	Account Expiry Date	Date Processed

Swinburne respects your privacy. For access to our Privacy Statement: http://www.swin.edu.au/corporate/hr/SalCondition/privacy.doc