

Request for a special PROJECT ACCOUNT

This form can be completed on screen and then printed for authorising signatures. PLEASE USE BLOCK CAPITALS
 For STAFFNET/KUWEB/EXTRANET accounts return to Web Team, External Affairs, Rm 2, RH (FAX 63067) - Please allow 10 working days.

For RMS accounts return to Information Services Helpdesk, T403, PR (FAX 62170) - Please allow 5 working days.

| Account Details (Please complete this section): | |
|--|--|
| Account type: | STAFFNET: <input type="checkbox"/> RMS: <input type="checkbox"/> KUWEB: <input type="checkbox"/> EXTRANET: <input type="checkbox"/> (please tick)* |
| Project Contact Name*: | |
| Contact No: | |
| Dept: | |
| Date: | |
| Project Alias: | |
| Project Description: | |

* Tick: STAFFNET for web, RMS for video streaming, KUWEB for KU web, EXTRANET for data.

* Note: the security/content of the account is the responsibility of the Project Contact named on this form.

| Authority Details (Please complete this section where applicable): | | |
|---|---------------|--|
| | Head of Dept: | Head of PSS (Information Services Only): |
| ID Number: | | |
| Name: | | |
| Signature: | | |
| Date: | | |
| Contact No: | | |

| External Affairs only (Validation not required for RMS): | |
|---|--|
| Title/Name: | |
| Signature: | |
| Date: | |
| Contact No: | |

| Information Services only: | | |
|-----------------------------------|-----------|-------------|
| | Helpdesk: | Production: |
| Implemented by: | | |
| Date: | | |
| Username/Notes: | | |