

AU Internet Server Registration Form

Submission Type: New Registration Delete a Registration Update Previous Registration

Reason for request: _____

Faculty/Office Name: _____

Dean/Director Name: _____

Technical Contact: _____

AU E-Mail Address: _____ **Phone Number:** _____

Server Location Building: _____ **Floor:** _____ **Room No:** _____

Operating System: _____

Ethernet Card Address #1: _____ **Ethernet Card Address #2:** _____

Ethernet Card Address #3: _____ **Ethernet Card Address #4:** _____

Service's Name	Source IP Address	Destination IP Address	TCP Port	UDP Port

I agree to abide by the policies and procedures for use of this resource as established by Assumption University Announcement No.12/2008 Subject: Departmental Servers Policy. I understand that:

- Failure on my part to abide by these restrictions may result in disconnection from network,
- Assumption University reserves the right to disable my network connection if it is determined that my connection is causing problems on the network,
- By providing an Internet server on the campus network that I am required to keep that server secure from outside attack.

Dean/Head Department

 (_____)

Date ___/___/___

Technical Contact

 (_____)

Date ___/___/___

Office Use Only

Approved Not Approved _____

Verified Firewall Configured

ITS Director

ITS Network Engineer

 (_____)

 (_____)

Date ___/___/___

Date ___/___/___