INTERNET & E-MAIL CONNECTION REQUEST FORM

Department: _____

ACCESS REQUESTED

☐ Email   ☐ Internet   ☐ Both

List the username and designation of the user.

Name	
Designation	
Username Required	
Contact No	

I hereby certify that the details provided above are true to the best of my knowledge and belief. I shall also abide by the Rules and Regulations of University regarding the usage of Internet and Email which may be amended from time to time.

PLEASE NOTE

All requests must be signed and submitted with approval from *Department Head.*

Please realize that any and all E-Mail and Internet connections are to be used in accordance with University usage policy related purposes only. The users should be aware of the University Email and Internet Usage Policy

RECOMMENDED BY

Department Head Name: _____

Signature: _____

Date Submitted: _____