



Technology Services Access Request - Student Organizations

Requestor Information:

First Name

Middle Initial

Last Name

(Printed Name of Individual Requesting Access)

Student Organization Information:

Organization Name

Advisor Name

Group Members

Signature of Director of Campus Life & FYE

Date

Acknowledgement of Understanding of HT Acceptable Use Policy

By my signature below, I confirm that I have read and understand the institution's Acceptable Use Policy. I also confirm that I understand the consequences of violation and that I will comply with this policy and will immediately report any violations to the appropriate supervisor.

Signature of Individual Requesting Access

Date

Please return this form to the Director of Campus Life & FYE in Davage-Durden Student Union