

Visitors

Temporary Network Access
Information Strategy and Technology Services
University of South Australia



Please note: Temporary accounts are for a maximum of 3 weeks. Visitors staying longer will need to be added into the HR system. Please allow 5 business days for form to be processed and visitor accounts to be created.

Visitors Details - (Please PRINT clearly in BLOCK letters.)

Company Name or Individual Family Name	First Name or Given Name	Number of Accounts (if multiple users)
Requestors Name	Requestors School ORG Code	Contact Telephone Number

Network Access Requested

<input type="checkbox"/> Network Logon Access	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Wireless Access - please note connection limits may apply
<input type="checkbox"/> Pool Room _____ has been booked <small>(if required for visitor use)</small>	<input type="checkbox"/> Pool Printing - please indicate quota amount required: \$ _____ <small>\$6 of printing quota provides up to 100 printed pages</small>	

Campus where account will be used	Building Name	Office Room Number
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Reason for required access	Relationship of Visitor to the University
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From: _____ To: _____ Date Range required for account <small>(You must supply a Date Range)</small>	From: _____ To: _____ Time Range for account to access the network <small>(Leave blank if 24 hours, 7 days a week access is required)</small>
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Applicant Declaration

I understand and agree that access is granted on the condition I honour the University's contractual obligations with regard to the use of and copyright of computer software. I agree to observe the University's Council Approved Policy on the Use of University Information Technology Facilities (Available from <http://www.unisa.edu.au/ists/Governance/IT/Policies/default.asp>).

Applicant's Signature	Date Signed
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Desktop Network Authorisation

I certify the applicant is a short term visitor to the University of South Australia, and I authorise their university information technology usage to be charged to this Division, School, or Unit Cost Centre.

Cost Centre:

Authorising Signature (Head of School/Unit)	Name of Signatory (Please PRINT!)	Phone Number	Date Signed
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Please submit your completed application by: Fax 8302 5012 OR Forward to UniSA IT Help Desk, ISTS, Mawson Lakes Campus.

ISTS Use Only

Internet Authorisation: _____ Username: _____

Service Call #: _____ Initials: _____ Created Date: _____