



Hampden-Sydney College
John B. Fuqua Computing Center
Web Page Request Form

Name: _____ Job Title: _____

Department: _____ Last Four Digits of SSN: XXX_XX- _____

Please Check One: _____ Faculty _____ Staff _____ Student

I would like access to a:

personal website club website - name _____

department website – name _____

I (user) agree to use only those resources for which I am authorized. I further agree to keep my account and password confidential, to allow no one else to use it for any purpose, and to abide by the terms of the Electronic Access Agreement. I understand that the data stored on College computers is to be safeguarded and is not to be released to anyone without authorization from the appropriate system owner.

Signature (User)

Date

Signature (Department Head or Chair)

Date

Send completed form to Webmaster in Computing Center

Computing Center Use

Date Received: _____

Date Completed: _____

Username _____

Init Pass: _____

Completed by: _____