



LAST NAME (Print) _____ FIRST NAME _____ Alias _____ MI _____
(WisCard/Legal) (If you don't go by your legal name)

Areas: please check each box as needed.

B332 Offices & Conference Room only B380 Data Center WARF Data Center
B350 Data Center Access Restricted For Specific Use Only

TERMS OF USE:

- YOUR ID IS INTENDED FOR YOUR USE ALONE. DO NOT LEND IT TO OTHERS OR ALLOW ANYONE ELSE TO USE IT.
- YOU MAY ONLY ACCESS COMPUTING RESOURCES FOR WHICH YOU HAVE SPECIFIC AUTHORIZATION.
- YOU WILL BE HELD RESPONSIBLE FOR WILLFUL MISUSE OR DELIBERATE SYSTEM DAMAGE.
- IF YOUR ID IS LOST OR STOLEN, IT MUST BE IMMEDIATELY REPORTED TO DOIT DATA CENTER ACCESS CONTROL VIA EMAIL TO dcaccesscontrol@doit.wisc.edu OR CALL 608-890-3193

I HAVE READ THE 'TERMS OF USE' AND THE DoIT DATA CENTER ACCESS CONTROL POLICY AND AGREE TO THE TERMS.

REQUESTOR SIGNATURE _____ **DATE** _____

UW-MADISON SUPERVISOR NAME (PRINT) _____

UW-MADISON SUPERVISOR SIGNATURE _____ DATE _____

DATA CENTER MANAGER SIGNATURE _____ DATE _____

SEO DIRECTORIAL SIGNATURE _____ DATE _____

DC Access Control Use ONLY:

Wiscard Prox-ID _____
(Back of card, lower right)

Add Dock: Logistics Department approval _____ Date _____

Add B355: Data Center Manager Signature _____ Date _____

Date Revoked: _____ Init. _____

Please deliver this completed request form to the DoIT Data Center Access Control office in room B332 of the Computer Sciences building to finish the approval and final processing necessary.