Visitor Request for Temporary Network Access for non-College Equipment
(Not for Use by SCCC Employees or Students)

Requestor Contact Information

Full Name: ___________________________________________  Title: __________________________
Institution or Company: ___________________________________________
Address: ___________________________________________  ( ) Office Phone ( ) Alternate Phone
Street Address: ___________________________________________  City: __________________________
( ) Office Phone  ( ) Alternate Phone  State: __________________________
E-mail Address: ___________________________________________________________________________

Access Location, Information and Request Date(s)

College Wide: ☐ Or These Campus/Building(s): __________________________
College Contact / Sponsor: ___________________________________________  E-Mail: ___________________________________________
Campus and Department: ___________________________________________  College Extension: __________________________
Date(s) of Use: ___________________________________________
Reason/Description for Request: ___________________________________________

Access Type, Device Address and Services Requested

10/100M Ethernet (wired): ☐  Network Adapter Physical (MAC) Address: __________________________
802.b/g WLAN (wireless): ☐  Wireless Adapter Physical (MAC) Address: __________________________

Instructions: Indicate the type of services that will be accessed over this connection. Internet connectivity includes web-based access to College Web sites, though not access to College Administrative Systems (Banner). Audio/Video Web Presentations refer to applications hosted off-campus that require higher bandwidth. College Server or Device access is for connectivity to IT systems and requires separate approval from the Executive Dir. of Computer and Information Systems.

Access is requested to the following services:

Internet (default) ☐  Audio/Video Web Presentations ☐

College Servers ☐

College Devices ☐ [Access to College servers and/or devices is restricted and must be separately approved.]

Executive Dir of CIS

Signatures of Requestor and College Sponsor

Requestor Signature: ___________________________________________  Date: __________

I agree to abide by the College’s 1 Network Utilization Policy for Guests and 2 Wireless Access Policy

College Sponsor: ___________________________________________  Date: __________

1 Policy URLs are: http://www3.sunysuffolk.edu/Administration/IT/help/policies/IT_Policies_Guests.asp

2 Wireless policy applies to those who have requested Wireless Access.