

Network Access Request

Milano-Bicocca INFN Division

Sezione di Milano-Bicoco	Milano, (date)
Name:	
Surname:	
Position:	
Institution:	
Nation:	
I request the	Following services:
Mail accor	unt Computer accoun(Hostname / IP address)
and/or a netw	ork connection for a:
desktop	☐ laptop connected by ☐ wireless ☐ wire
I declare herewith, under my own personal responsibility, to use the network only for didactic and scientific research in the Milano-Bicocca INFN division/ Physics Department of Milano-Bicocca University, and to cover the following position respect to Milano-Bicocca INFN division: □ INFN employee □ Physics Department employee	
☐ Contract collaborator of INFN/Physics Department ☐ Owner of INFN associatior ☐ Visitor	
start date	end date of your position in the Milano-Bicocca INFN division.
	Visitors are kindly requested to give the following data of a person of the INFN or Physics Department for reference:
	(name and surname)
	(office phone number)
	E-mail Signature of reference person
	Position
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<u>I agree</u> to accept all terms and conditions described in "Regulation for the use of INFN information technology resources" (https://www.mib.infn.it/main/media/14026_cd.pdf).

<u>I declare</u> to have read and understood the "General information note on the processing of the personal data" (https://dpo.infn.it/wp-content/uploads/2019/04/Informativa_generale_181204_EN-1.pdf)

Signature

You are kindly requested to read all the conditions and fill and sign this form and personally give all the requested documentation to the Secretary of INFN Division of Milano-Bicocca.