

Request for Niagara/AX Account

Name First: _____ M.I. _____ Last: _____
Cell Phone: _____ Email: _____ Office Location _____
Project Name: _____

Purdue ID Number:

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 Career Account Name:

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Requested Area Access (Indicate (R)ead or (W)rite): _____ Training Completed: _____(mm/dd/yy)

Classification (Select One)

- Herrick Engineering Faculty: School: _____
Building _____ Office _____ Office Phone _____
Project Starting Date _____ Project Ending Date _____
- Herrick or other ME Staff
Building _____ Office _____ Office Phone _____
Project Starting Date _____ Project Ending Date _____
- Herrick Post-Doc hosted by School of _____ Engineering
Building _____ Office _____ Office Phone _____
Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Advisor's Signature _____
- Herrick Graduate Student
Building _____ Office _____ Office Phone _____
Graduate Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Graduate Advisor's Signature _____

Herrick Director's Signature: _____

Special Permissions – Permission Only Granted in Special Circumstances

- ME/Architectural Engineering Undergraduate Student
Undergraduate Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Undergraduate Advisor's Signature _____
Working with (Herrick Graduate Student Name) _____
- Non-ME Graduate Student taking an ME course which requires an ME account
Class _____ Semester _____
Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Advisor's Signature _____
Working with (Herrick Graduate Student Name) _____
- Visiting Scholar
Building _____ Office _____ Office Phone _____
Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Advisor's Signature _____
Working with (Herrick Graduate Student name) _____
- Other
Organization _____ Class _____ Other (Describe) _____
Advisor's Name _____ Project Starting Date _____ Project Ending Date _____
Advisor's Signature _____
Working with (Herrick Graduate Student Name) _____

Herrick Director's Signature: _____

Sign this form and return it to Room 2023 in the Ray. W. Herrick Laboratories (HLAB) Building. Allow 1-2 days for processing. **You must show your Purdue ID to claim your account.** The account will terminate when you are no longer affiliated with the project.

I agree to abide by all elements of the **Purdue University Engineering Computer Network Policy on Access and Usage**. (<https://engineering.purdue.edu/ECN/Support/KB/Docs/ECNPolicyLetter>) I understand that upon violation of this policy, the Engineering Computer Network retains the right to deny access privileges. Further disciplinary action may be taken by the University, including prosecution under applicable state and federal laws.

Signature:
Date:

Approved By:
Date: