



College of Health and Human Development
Information Systems and Services (ISS)

Private Computer Registration Form

Computer Owner Requesting Registration:

Name: _____

Department: _____

Campus Address: _____

Office Phone: _____

Email Address: _____

By signing below you are confirming that you have read, understood and will comply with:
CHHD-ISS policy 08-02 (http://www.hhdev.psu.edu/iss/policies/08-02_file_services.htm)
and University policy AD20 (<http://guru.psu.edu/policies/AD20.html>)

Owner's signature

date

The undersigned has granted permission to the above owner to contract with ISS for services on one private computer with the understanding that current service fees will apply.

Dept/School/Center head signature

date