CRSid (Username):

Institute of Astronomy User Application Form

Please complete a separate form for each username you require and take it to the Helpdesk office. Your password must not be divulged to others.

Please complete all thick bordered boxes.

Applicant

The name and email address provided on this form will be used for all correspondence from the Institute of Astronomy. The Institute provides computing resources for current visitors for use in connection with their collaboration. The use of the computing facilities is limited to those specified in the Acceptable Use Policy.

Salutation: □ Prof □ Dr □ Ms □ Mr □ Other
Full Initials: (e.g. J.P.S. for John Philip Smith)
First Name: (Given Name)
Surname: (Family Name)
Date of Birth: (Only used for identity verification when collecting passwords on-line)
Duration: (or when will your stay at the Institute of Astronomy end?)
Host/Sponsor:
Email: (Used as contact for any queries during your stay at the Institute of Astronomy)
Home department address: (Used as contact for any queries during your stay at the Institute of Astronomy)
Science cluster access: Yes No (Will you need access to computational resources or require a desktop login?)

Read and sign Declaration overleaf

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Declaration:

I agree to abide by such Rules as are issued from time to time by the Cambridge Astronomy Computing Oversight Committee and the University of Cambridge Information Strategy and Services Syndicate and understand that allocations of computing resources are made and may only be used subject to these.

I understand and accept that system staff may need to monitor my account or how I access my account to solve system problems or because of suspected misuse of my account.

Data Protection As required by the Data Protection Act you are hereby notified that your name and address will be held on computer mailing lists at this site. Other information taken from this form will be held in other computer files in order to manage resources efficiently. The Act requires your consent to this information being so held. If you sign below you have given that consent. □ I do not consent to my name, office location, office phone number and work email address being published on the IoA website.

Signature:

The **Applicant**'s signature indicates that you accept responsibility for all the use made of this username at this site and will not permit it to be used by anyone else.

Applicant's Signature:		
Date:		

For staff use:
Actioning CO:
RT ticket for account creation:
Supplemental RT tickets:
Cluster UID:
Additional Group(s):
☐ CRSid applied for
☐ CRSid in ioa-network-access Lookup group (102247)
☐ CRSid in ioa-intranet-access Lookup group (102321)
☐ IoA science cluster user created (if required)
☐ IdM email address set (if required)
☐ Email HR with CRSid and website consent status
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