

Application for Data backup for Servers and Personal Computers of University employees

! PLEASE FILL OUT LEGIBLY IN BLOCK LETTERS !

Institution/Department/Clinic: _____

Cluster of Excellence (if associated): _____

Head: _____ phone: _____
(Head of the facility / institution) (Title Surname, First name)

System manager:

Name: _____

phone: _____

RZ-Account: _____
(Account of the form suxyz789; must be present)

E-Mail-Address: _____

Earliest time of backup: _____

Computer name: _____

IP address of the computer: _____

Operating system: _____

Size of the data volume in gigabytes: _____

The Computing Center (RZ) offers various backup procedures. The suitable backup procedure is selected by the Computer Center (RZ) (if necessary, in coordination with the system manager).

Kiel

(System manager)

(Head of the facility / institution)

Please send completed applications to the following mail address:
backup@rz.uni-kiel.de