Rechenzentrum der Universität Kiel

Form 21 / 2015-2 New application

User

(This form may be printed and reproduced; the signed original will always be recognized at the Computing Centre!)

Registration of a representative for the administration of WIFI (WLAN) guest accounts

An das Rechenzentrum der Universität Kiel Benutzerverwaltung Hauspost	Please fill legibly in block letters and don't forget to sign. Incomplete or illegible forms will be returned.
Facility/Department:	
Cluster of excellence:	
User:	phone:
E-Mail address:	
Head of facility:	phone:
User account:	
The above-named person shall get the permiss the institute / department of CAU (e.g. for confer	sion to generate temporary WIFI (WLAN)-accounts for guests or rence members, visiting scientists).
Access can be granted on the following website: https://www.rz.uni-kiel.de/wlan-gastzugang	:
The following authentication shall be used to acc	cess the above mentioned website:
O existing e-mail account at Rechenzentrum	1
O existing name in the Active Directory of th	e university
O both not existing, please create new acco	unt and submit the password
The above-named person is responsible for th question, and is bound to call the guests attention	ne registration and assignment of the accounts to the persons in on to the user framework regulation (see below).
For questions to the procedure, please contact v	wlan@rz.uni-kiel.de.
https://www.rz.uni-kiel.de/en/about-us/terms-and-poli	on the USER FRAMEWORK REGULATION ORDINANCE: cies/benutzungsrahmenordnung.pdf er framework regulation will be accepted by signing this form.
PERSONAL DATA may only be processed and save	ed after written approval.
All work will be financed using funds of the university Every other funding needs written approval.	, its associated facilities or funds of the DFG.
Using permission is granted until February 15th of	of the following year if not arranged otherwise. If permission isn't
extended, all saved data will be DELETED by September 30th.	
Personal data given in this form will be digitally processed and saved. By signing this form you give your permission to do so.	
Kiel, date	

Head of facility