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

Facility/Department: ____________________________________________________________

Cluster of excellence: _______________________________________________________
(If you belong to one)

User:  ☐ Mr.  ☐ Mrs.  __________________________________  phone: ____________

E-Mail address: _____________________________________________________________
(at which we can reach you)

Head of facility: ____________________________________________________________  phone: ____________

User account:  ______________________________________________________________
(if existing)

The above-named person shall get the permission to generate temporary WIFI (WLAN)-accounts for guests of the institute / department of CAU (e.g. for conference 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 access the above mentioned website:

☐ existing e-mail account at Rechenzentrum  _________________________________

☐ existing name in the Active Directory of the university  _______________________

☐ both not existing, please create new account and submit the password

The above-named person is responsible for the registration and assignment of the accounts to the persons in question, and is bound to call the guests attention to the user framework regulation (see below).

For questions to the procedure, please contact wlan@rz.uni-kiel.de.

Usage of the University Computing Centre is based on the USER FRAMEWORK REGULATION ORDINANCE:

On special request we can send you a copy. The user framework regulation will be accepted by signing this form.

PERSONAL DATA may only be processed and saved after written approval.

All work will be financed using funds of the university, its associated facilities or funds of the DFG.

Every other funding needs written approval.

Using permission is granted until February 15th 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  User