

Aurora Project Inclusion Request Form University Group

Name of Group	
Type of Group (check one)	This is ...
<input type="checkbox"/> Academic Department <input type="checkbox"/> Student Organization <input type="checkbox"/> Administrative Department <input type="checkbox"/> Residential Group	<input type="checkbox"/> A change to an existing account <input type="checkbox"/> A new account Account Name: _____
<i>This portion of the form must be signed by a full-time member of the Case faculty or staff. This person will be the owner of the site and responsible for all content on the site. For University departments this should be the department head. For Student Organizations it is the faculty advisor</i>	
I hereby certify that this WWW site is an official site of my department or group and that the primary maintainer listed here has the authority to create and maintain an official Web system for my department or group. I further certify that I have the authority to so designate this maintainer and site official, and that all signatories to this form have read and understand the obligations and limitations set forth in the document found at http://www.case.edu/help/apir.html	
Name: _____ Title: _____	
Email: _____	
Network ID: _____ Phone: (_____)_____	
Signature: _____	

Primary Web Maintainer (this is a different person from the one listed above)	
Name	E-mail
US Mail Address	
Network ID (ex. abc123)	Phone

Secondary Web Maintainer (optional)	
Name	E-mail
US Mail Address	
Network ID (ex. abc123)	Phone

Submit this form to ITS-TIS, 415 Crawford Hall, 10900 Euclid Ave. Cleveland, Ohio 44106-7072 FAX (216) 368-3165
Please allow 10 business days for processing of this form and e-mail notification of account creation