



University of Nevada, Reno | Information Technology

Application for Wireless Only Access

Group or Extended (more than 1 day)

Please send the completed form to IT Support:

Fax: (775) 784-4399 | E-mail: help@unr.edu

Once created, IT will phone the sponsor with the account information.

Access to University computing resources is restricted by conditions of licensing contracts and audit requirements. Publishers monitor the use of their licensed products and may revoke access to the entire University unless proven that a given individual is a current student, faculty, staff or is formally affiliated with proper documentation.

Account Holder Information

Group or Last Name	<input type="text"/>	First Name	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>

If applicant is under 18 years old: Attach a signed parental consent form.

University Sponsor Information - *the sponsor must be an employee of the University.*

Last Name	<input type="text"/>	First Name	<input type="text"/>
Job Title	<input type="text"/>	Office Location	<input type="text"/>
Dept.	<input type="text"/>		
Phone	<input type="text"/>	E-mail	<input type="text"/>

University Dean, Director or Department Head Approval - *required for auditing.*

Signature	<input type="text"/>	Print Name	<input type="text"/>
		Date	<input type="text"/>

Description - *required for auditing.*

Location	<input type="text"/>	- <i>required to confirm wireless availability.</i>	Number of Users	<input type="text"/>
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Why do you need this account?	<input type="text"/>
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Start Date & Time	<input type="text"/>	End Date & Time	<input type="text"/>
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Special Requests	<input type="text"/>
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