



# 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](mailto: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  First Name

Phone  E-mail

**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  First Name

Job Title  Office Location

Dept.

Phone  E-mail

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

Signature  Print Name   
Date

### Description - *required for auditing.*

Location  - *required to confirm wireless availability.* Number of Users

Why do you need this account?

Start Date & Time  End Date & Time

Special Requests