

Wireless Access Request Form

Date: _____

Requestor's Info: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Sponsor's Info: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Type of access needed:

Campus Only

On/Off Campus

Applications/protocols needed:

Access Dates:

Affiliation with HSU:

How does access fall in-line with the mission of HSU?

