Residential College Alternate Connection Form		Information Systems Network Services IT Building Rm. 112 Phone: (270) 809-2346 Fax: (270) 809-3465
<u>Contact I</u>	nformation: Please do not abbi	reviate.
Person Requesting: Last:	First:	MI:
Date: Residenti	al Address: Building	Room
Phone: () N	۸ Number: Email ۸	Address:
	Please Read	
<u>STUDENT SIGNATURE</u> Important- Read Before Signing		
	ing to purchase any type of connection nd submit it to Information Systems for standards: tive connection with ResNet outer, hub, etc from the external connect ess Communication Policy, which state ireless communication devices. e following site	n, other than ResNet must first fill or approval. Once approved, the ion and then also plugging into ResNet. es no one outside of Information Any questions or concerns
Student Signature:		Date://
 <u>R</u> I	EVIEWED BY SERVICE PROVIDER	 _
Name (please print)	Student Signature	// Date
APPR	OVED BY INFORMATION SYSTE	<u>MS</u>

Name (please print)

Signature

\_/\_\_\_/\_\_\_ Date