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Please return **COMPLETED** form to CSB 112 or Fax to 905-572-6990

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**McMaster University**  
**Facility Services**  
**Login ID Application**

**NOTE:** Applications will be processed within 5 days upon our receipt of this form.

**PLEASE PRINT CLEARLY** -----

Date of Application: \_\_\_\_\_ McMaster Employee/Student #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I am (check one):  Staff  Student  Other (please specify) \_\_\_\_\_

I am (check one):  Continuing  Temporary (If Temporary please specify end date) \_\_\_\_\_

Campus Address: \_\_\_\_\_ Ext. Number: \_\_\_\_\_

If you have a MACID or other account on campus, please complete below:

Login id \_\_\_\_\_ System: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**IMPORTANT:** Applicants are accountable for all activity conducted under their assigned User ID. By authorizing this application, you agree to adhere to all McMaster and U.T.S. Policies, especially, the **Code of Conduct for Computer and Network Users**, available at [www.mcmaster.ca/uts/security/policy/Terms\\_Conditions/netcond.html](http://www.mcmaster.ca/uts/security/policy/Terms_Conditions/netcond.html).

*It is recommended that you always logout when you have finished your computing session or will be leaving your work station unattended.*

Supervisor's Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's Email address: \_\_\_\_\_ Extension: \_\_\_\_\_

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*For Facility Services use Only:*

F.S. Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Login ID: \_\_\_\_\_ Group(s): \_\_\_\_\_