

Web Authentication Exemption Request Form

Applicant's Details

Name (please print)

Academic Staff or General Staff

Staff ID

Faculty

Department

Location

Ext:

I request exemption from the web authentication policy for the following IP numbers.

Note: Exemption is only granted for a period of 12 months and will need to be renewed annually.

IP Number (eg.130.130.xxx.xxx)

Reason for Exemption

I request exemption for the above IP numbers and understand that all traffic incurred by these IP numbers will be charged to the Department/Unit as part of the standard Internet charges.

SIGNATURE

Date

HoD Signature

Date

Please forward this completed form to the Director of ITS.

ITS USE ONLY

Director, ITS

Date

Exemp Granted

Date

Applicant Notified

IP Billing Details Updated