

**LEHIGH UNIVERSITY  
BEOWULF ACCOUNT  
REQUEST FORM**

Name of person \_\_\_\_\_  
requesting access

Lehigh Network ID \_\_\_\_\_

Campus Department \_\_\_\_\_

Campus Address \_\_\_\_\_

Extension \_\_\_\_\_ FAX \_\_\_\_\_

Print Name of Financial Manager \_\_\_\_\_

Signature of Financial Manager \_\_\_\_\_  
or Authorized Signer

Banner Index No. to charge: \_\_\_\_\_ Account Code: \_\_\_\_\_

Please send completed form for processing to:

Kelly Decker  
Library and Technology Services  
8B. Packer Avenue  
EW Fairchild/Martindale 8B  
Bethlehem, PA 18015  
Fax No. 610-758-4983

Please call Kelly at 610-758-3990 before sending this form.

My signature below, acknowledges that I have read, understand, and agree to comply with the "Policies on the Use of Computer Systems and Facilities" at <http://www.lehigh.edu/security/policy/computing.html> and will be responsible for payment to the University for Beowulf cluster charges.

Signature of Beowulf Cluster user \_\_\_\_\_

For Library & Technology Services Use Only:	
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_____	Received from Department on _____ by _____
_____	Beowulf account created _____ by _____
___U	___R