

**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:

____ Received from Department on _____ by _____

____ Beowulf account created _____ by _____

____U ____R