CALTECH ASTRONOMY DATA PROCESSING FACILITY

User Registration/Funding Authorization

User's Information:

Name _____ Phone _____

Office Location _____ Mail Code _____

Username (preferably your initials) _____

Alternate e-mail address if any: _____

Please select the category:

☐ Faculty ☐ Staff ☐ PostDocs ☐ GradStudents ☐ UnderGrad ☐ Visitors

Group (if new user) _____ Year*(if grad student)_____

Initial Password (minimum 6 letters/numbers) _____

Comments (nature and duration of work, hardware/software requirements, etc)

_____

Funding Authorization:

The above person is a member of my group, and I agree to pay all charges* associated with the account.

Name _____ Signature _____ Date _____

- Bankers please note: ADPF user fees for first and second year graduate students are paid by the department; you will only be billed for printer costs.

Please return this form to:

ADPF System Manager
249-17
Cahill 228 or Cahill 227

_____

FOR OFFICE USE:

Date _____ Username _____

Group _____ UNIX ID _____