

Form ID	
For internal use only	

**Keene State College
Non Affiliated Network User
Request Form**

Affiliated User Information

Last Name	
First Name	
Campus Extension	
Campus M/S	
Campus Email	

Affiliated User Sponsor Information

Sponsor Department	
Sponsor name	
Sponsor Signature	

Non Affiliated Users Information

Name	Relationship to Affiliate	Minor Y/N	IT Group Assigned NetID

Affiliated user signature:	
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Signature indicates the affiliated user has read, understands and accepts the terms of the Non Affiliated Network Users Policy.

Activate Date:	
Deactivate Date:	

Please send the completed form to: HELPDESK MS 2615