

NETWORK USAGE REQUEST FORM



**Westchester
Community College**

State University of New York

- I would like to store my work on the WAW Computer Lab Network for the _____ Semester.
- I feel confident that I can find my way around the Mac OS and the Network.
- I am a WCC Faculty Member
- I am a WCC Student

Please make sure we can clearly read your writing!

My Name is: _____

I am in the following classes:

Important! We need all Peekskill Computer Art Faculty and class info to give you Network space!
Please list all computer art classes and Faculty names!

Class:

Faculty Name:

The Password I choose is:

I will check the volume of files in my personal Network Folder. (Select your folder, press **⌘-i** [Command-i])
I am responsible for keeping my folder within the size limits I'm allocated.
I understand that if I exceed my allocated space (based on my classes) my folder can be locked.
I will react quickly to requests that I trim the size of my folder to acceptable limits.

Signature

Date

Return completed form to the Peekskill Extension Center Tech Office.
27 N. Division St.
Peekskill, NY 10566