



Office of Information Technology
Residential Network Firewall Exception
Request Form

Name: _____ Student Number: _____

I signify that I have read and will abide by the terms of the Clarkson University Information Systems Acceptable Use Policy (Clarkson Regulations §IX-F).

Signature: _____

Exception Request Details

MAC Address of System: _____

Physical Location of System: _____

Hostname Requested: _____

Protocols/Ports Needed (example: tcp/80, tcp/443):

Academic Justification:

Approval

By approving this request, I signify that the above requested Information Technology resources are to be used in support of instructional, research or service missions sanctioned by the University.

Professor (Print Name): _____

Professor Signature: _____