Submit form to: ASI Club Services, University Union - Rm 203

Request Type:   __  New   __ Webpage (Central Unix)  
               __ Change  __ Email

1. Club Name: __________________________________________

2. Contact Person for this request: __________________________

3. Contact email: ________________________________@calpoly.edu

4. Contact telephone: ___________________________

5. EMAIL address requested: ___________________________@calpoly.edu
   (If requested username is unavailable, the requester will be contacted)

6. WEB ADDRESS requested:
   http://www.________________________calpoly.edu
   (Web addresses are processed by the ITS Service Desk)

   Enter the email address of the webmaster:
   (All emails for this Virtual Host will be sent to this address. We will send confirmation to this address
   when the request is completed.)

7. Password Change (Circle if requesting a password change)
   The ITS Service Desk generates a temporary password and notifies the Contact Person. The Contact
   Person is responsible for setting a permanent password within 7 days of receiving the temporary
   password.

Club Authorization
Certification of Use: I certify that the requested resource/service will be used for purposes consistent with the missions of
the California State University and Cal Poly, and in accordance with all applicable University policies and State and Federal
laws. I acknowledge that unauthorized use of information technology resources may incur civil and/or criminal penalties
and result in disciplinary action and loss of access. I accept responsibility for reading, remaining updated, and abiding by
Cal Poly’s Campus Computing and Responsible Use policies. Please review policies at: http://security.calpoly.edu/policies.

8. Club President Name (Print): ____________________________

9. Club President Signature: ____________________________ Date: __________
   By agreeing to sponsor this club account, I accept responsibility for ensuring that the club is aware of the
   consequences of not using the account for purposes consistent with Cal Poly’s mission and in
   accordance with University policies and applicable State and Federal laws (see
   http://security.calpoly.edu/policies for more information), and agree to report any misuse of which I
   become aware.

10. Club Advisor (Print): ____________________________ Dept: _____ Tel: __________

11. Club Advisor Signature: ____________________________ Date: __________

12. Advisor: ___ Check here if you have an on-campus department office and want the account information
   returned to you via Campus Mail. Otherwise, it will be held at the Service Desk for pickup by Advisor or
   Club President.

OFFICE USE ONLY

Dean of Students Authorization: I certify that this is a Cal Poly Recognized Club.

Dean of Students Representative (PRINT): ____________________________

Dean of Students Representative Signature: ____________________________
If this form is not complete, it will be returned. When complete, it will be forwarded to the ITS Service Desk. If you have questions, contact the ITS Service Desk at 756-7000 or servicedesk@calpoly.edu.