## Long-Term Guest Account/Renewal Application Form

*Please print this form. Submit completed form to WCTS, Olin 168. Fax 509-527-4962*

### Part I: (to be completed by the applicant) New Account: ____ Renewal: _____

**First Name:** _____ **Middle Initial:**_____ **Last Name:**_____
If renewal, current **Whitman username:** _____

**Affiliation with College** (e.g. visiting scholar, lecturer): _____

**Campus Address** (if applicable):
Dept: _____ Campus Address: _____ Office Phone: _____

**Home Address:**
_____
_____
**Daytime Phone:** _____ **Evening Phone:** _____
**Email Address:** _____

**How will the account be used?** (Please be as descriptive as possible):
_____
_____
_____
_____

**End date for the account** (a date after which the account will no longer be needed. If not specified, it will be six months from the date of application. Maximum is one year): _____

I agree to use this account in accordance with Whitman College's Acceptable Use Policy. I understand and agree to the limitations imposed on a guest account. At the end of the allocation period, it is my responsibility to complete and submit a new application form before the due date if I so choose.

_____
Signature of Applicant Print Name Date

### Part II: (to be completed by the sponsor)

**First Name**: _____ **Middle Initial**:_____ **Last Name**:_____
**Department**: _____ **Email address**: _____
**Campus Address:** _____ **Campus Phone:** _____

As sponsor, I agree to assist WCTS in resolving any issues that may arise concerning the appropriateness of my guest's account usage. I also verify that my guest is performing services that meets the educational purpose of Whitman College and will use this account only for purposes that are directly related to the performance of those services.

_____
Signature of Sponsor Print Name Date

*Please stop by WCTS three business days after submitting your application to obtain guest account information.*

**WCTS Use Only:**
**Received** _____ **CIO Approval**_____ **Processed** _____
**User Account** _____ **Exp Date** _____