

# Dayton Regional STEM School Student Wright State University Account Application

**Parents:** Please read and fill out this application completely. Applications that are not complete will not be processed. If you have questions about this application, contact the STEM School Office. Please return completed application to the **CaTS Help Desk** in **025 Library Annex** or fax to (937)775-3331.

## \*Required Fields

*Please print neatly and use black or dark blue ink only*

**Last Name\***

**First Name\***

**Middle Name\***

**University ID #\***

## Reason for Request:

### Dayton Regional STEM School Student

If authorization required, list **Begin** and **End dates:** **Begin:** \_\_\_\_\_ **End :** \_\_\_\_\_

**Authorizing Signature (print name and sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Contact and Title**

**Phone Number For Contact Person**

## Legal Responsibilities:

The purpose of this statement is to inform you of your legal responsibilities and requirement as a user of Wright State University computer systems.

Your account is to be used only for authorized use. All users must be registered with Computing and Telecommunications Services. Frivolous applications, commercial use, and unauthorized use or misuse (game playing, unauthorized use of files, any form of personal harassment, etc.) are prohibited and could result in the loss of your account and charges being brought against you through an appropriate University office. Your account(s) is (are) for your use only; sharing of accounts and passwords is strictly prohibited. For acceptable use guidelines for campus computing, see:

<http://www.wright.edu/wrightway/3002.html>

Password resets will be done only in person, with a government issued identification card (example: driver's license). If this is not possible, please contact the CaTS Help Desk.

**As a student, I have read, understand, and accept the above responsibilities as an account holder, and agree to comply with these and all WSU Computing and Telecommunications Services policies and conditions.**

**\*Student Signature (print AND sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**As a parent or legal guardian, I grant permission for my child to have this account and all associated privileges.**

**\*Parent or Legal Guardian Signature (print AND sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_