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 b	plack or dark blue ink only	
.ast Name*	First Name*	Middle Name*
Jniversity ID #*		
Reason for Request: Dayton Regional STE	EM School Student	
If authorization required, list Begir		End
	_	
Department Contact and Title	Phone Numb	per For Contact Person
egal Responsibilities: the purpose of this statement is to inform you	u of your legal responsibilities and requirement as a user of	Wright State University computer systems.
ommercial use, and unauthorized use or mi esult in the loss of your account and charge: naring of accounts and passwords is strictly	d use. All users must be registered with Computing and Telesuse (game playing, unauthorized use of files, any form of pestional brought against you through an appropriate University prohibited. For acceptable use guidelines for campus compensible-use-university-computing-resources.	ersonal harassment, etc.) are prohibited and could sity office. Your account(s) is (are) for your use only;
assword resets will be done in person, with elp Desk at (937) 775-4827.	a government issued identification card (example: driver's li	cense). If this is not possible, please contact the CaTS
s a student, I have read, understand, and omputing and Telecommunications Serv	accept the above responsibilities as an account holder, ices policies and conditions.	and agree to comply with these and all WSU
, ,	n):	
	ission for my child to have this account and all associate	
*Parent or Legal Guardian Signature (print AND sign):		Date: