



Shoshi Fox, Faculty Coordinator

Tel.: +972-4-8294314
Fax.: +972-4-8293900
shoshi@cs.technion.ac.il

שושי פוקס, מתאמת ענייני סגל

טל': +972-4-8294314
פקס': +972-4-8293900
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CS ACCOUNT APPLICATION

1. Full English name:

Last name First Name ID no./ passport no.

2. Full Hebrew name:

Last name First Name

3. Preferable system name if no other Technion account (T2, TX):

4. Expire date of account:

5. Technion department affiliation: Computer Science other: _____

6. Position at department: Graduate student Guest Employee Research assistant

Post Doc. Other , Specify: _____

7. Personal information:

Taub office: _____ Office ext.: _____ Cell : _____ Email: _____

User declaration:

I declare hereby pledge to use the computer resources allocated to me by the Technion in agreement with the following terms:

- To use the computer resources according to the computer law, protection of privacy law and according to the Technion procedures, as distinguished in the Technion web page: www.technion.ac.il and according to the CS Department as distinguished in the CS web page: www.cs.technion.ac.il.
- To use the computer and information only for my duty as authorized by the Technion or study program.
- To abide by commitment to discretion concerning any classified information I encounter while using the Technion computers, including personal information as defined in the protection of privacy act.
- I am aware that any Technion computer account is personal and login password is secret and non transferable.
- I will personally bear the responsibility for any use which will be committed in my computer account.
- I am committed to avoid use in any computer account which I am not authorized to.

_____ Date User name Signature

Users who are not Technion Faculty: Please have your direct person in charge will fill in the details in this part:

- I the undersigned require to permit Mr./Ms. _____ to open a computer account at CS.
- I the undersigned am responsible to the use which will be committed in the computer account by the user. Within my jurisdiction I will prevent illegal and nonprocedural use.

_____ Date Name of person in charge Signature Login name

Singature of secretary in charge:

(Faculty, guest and post doc. – Shoshi Fox; Employee – Shirley Kruvi; Research Assistant – Anina Shoham)

I the undersigned secretary in charge require to permit Mr./Ms. _____ to open a computer account at CS.

_____ Date Name of person in charge Signature Login name

Please deliver this signed form to Ms. Ilana Edut, Taub 336, ext. 4530 or leave in mail box on 5th floor and email to edut@cs.technion.ac.il