



Weill Cornell Medical College of Cornell University
Information Technologies & Services Department
User Support Group
 1300 York Avenue, Rm. LC-06
 New York, NY 10065
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 Fax: (212) 746-8161
<http://www.med.cornell.edu/its/>

Network Connection Form

Connection Type (Please use **one** form per Connection Type)

<input type="checkbox"/> New Connect	For a brand new device to be connected to the network.			
<input type="checkbox"/> Replacement	For a brand new computer to be connected to the network and replace a currently tagged ITS computer. E-mail and bookmarks will be transferred. If you need additional assistance with transferring files, please complete a consult form, which will be billed as a separate charge. The computer being replaced will be disconnected from the network unless otherwise relocated.			
	ITS Tag Number to be replaced:			
<input type="checkbox"/> Relocate	To move a currently tagged ITS computer from one network jack to another.			
	ITS Tag Number to be relocated:		Old location:	Old jack #
<input type="checkbox"/> Reconnect	To reconnect a formerly tagged ITS computer back to the network. The computer must meet the minimum requirements specified on the ITS web site.			
	ITS Tag Number to be reconnected:			

Have you requested data activation previously or has a user recently used this data jack for ITS services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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User Information

Full Name: _____ CWID: _____ Phone: _____
 Building/Room: _____ Jack #: _____
 Contact Name (if different from user): _____ Phone: _____

Hardware Information

Hardware Type/Model: PC Macintosh Printer Model: _____
 CPU Type: Pentium IV Intel Core Duo Intel Core 2 Duo G5 Other: _____
 Operating System: Win XP Pro Mac OS X Other: _____
 Phone/Mobile Device: Phone (Standard phone includes voice mailbox) Phone with no voice mailbox setup Smartphones/PDA (e.g. Blackberry) Other: _____

Authorization

Administrator's Name (print): _____ Status: WMC NYP
 Department: _____ Division: _____
 Account Number for annual billing: _____ Phone: _____
 Account number for projects: _____
 Account Authorization Signature: _____ Date: _____

***The area below MUST be filled out for 5-Accounts**

Federal grant or contract accounts (5's) may be charged for the percentage of network services exclusively devoted to the funded Research Project. Please contact Research Accounting for approval. The form will not be processed without authorized approval.

5- Acct. Authorization Signature: _____ Date: _____
 Principal Investigator's Signature: _____ Date: _____
 Research Accounting Signature: _____

One Time Charges:	New Connect, Reconnect, or Replacement: \$150.00	Relocate: \$75.00	Phone: \$850.00
Annual Support Charges:	Computer: \$350.00	Printer: \$175.00	PDA: \$150.00 Phone: \$600.00