College of Health and Human Development
Information Systems and Services (ISS)

Server Registration Form

Administrator Information:

Name:_____

Department:_____

Emergency contact (if different than Administrator):_____

Emergency contact home phone:_____

Emergency contact cell phone:_____

Server Information:

Server Location:_____

Server machine name:_____

Server IP:_____

Server Local Admin acct name:_____

Server Local Admin acct password:_____

Active Server Roles:_____

_____

Reason for having server:_____

_____

_____

Persons needing login access to the server (provide user ID and name):_____

_____

_____

Current server backup plan and location of backup:_____

_____

_____

Open firewall ports and reason for the port being open:_____

_____

_____

By signing below you are confirming that you have read, understood and will comply with HHD policy 04-02 and University policies AD11, AD19, AD20, AD22, AD35 and ADG02.

_____   _____

             signature   date