



**FTP/WEB ACCESS APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

College E-mail Address: \_\_\_\_\_ \* Must be an e-mail address provided by your site.

Site: Check most applicable box  Crafton  Valley  District

**Type of Web Page:** Please check which items you are applying for, and if necessary supply the necessary information:

**Note:** User may need to contact the help desk to setup ftp access. 909-384-4366

**Individual** (Faculty/Staff)

**Department**

Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Government** (AS)  **Student Organization** (ICC, Clubs)

Organization: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Faculty Advisor (Print): \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_

Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who previously held or currently holds this position? \_\_\_\_\_

Does this person need to be removed? Yes:  No:

*\* I hereby declare that I read and agree to abide by the SBCCD Acceptable Use Policy.*

*\* Hosted web sites by the college or district must follow guidelines set by the college or district, as well as the following: 1) Content must be college based or district based, and not for personal use. 2) Web site can not be used for personal or other non-college or district related profit gains.*

*\* There is no inherent right to privacy for information stored on college and/or district web servers, in which the public will have full access to, except as provided by the Privacy Act of 1974. Random monitoring of web site content by DCS support staff is not conducted; however, DCS does reserve the right to investigate unusual or suspicious content that doesn't fall under college or district guidelines. If web site content is found to be inappropriate based on college and/or district guidelines, the site will be shutdown and the responsible party will be contacted.*

**By signing below, you agree to the above listed conditions and statements.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For District Computing Services Use Only*

**Web/FTP Information**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**Directory**

Individual: \_\_\_\_\_

Department: \_\_\_\_\_

Student Organization: \_\_\_\_\_

**Web Address**