Web Site Request Form – Information Technology Dept.
486 Chandler Street – LRC312 – Worcester, MA 01602
(508) 929-8856 – Email: webmaster@worcester.edu

Last Name: __________________ First Name: ___________________ MI:_____________
Department: _________________ Title: ________________________ Rm.#:_________
Phone: (      ) _______ - _______ Email: __________________ @___________ . _______

Website Topic: ______________ (Example: biology, chemistry, student activities, personal, etc.)

Website Access: (Enter the names of anyone else who requires administrative access to your site.)

Name#1: ___________________ Phone: (      ) _______ - _______ 
Email: ___________________@___________ . _______
☐ Faculty ☐ Staff ☐ Student ☐ Other, please explain:____________________________

Name#2: ___________________ Phone: (      ) _______ - _______ 
Email: ___________________@___________ . _______
☐ Faculty ☐ Staff ☐ Student ☐ Other, please explain:____________________________

If additional space is needed, please use back of form.

By signing below, you acknowledge that you have read and understand the web policies as published at http://wwwfac.worcester.edu/it and the WSC Network Acceptable Usage Policy. This form is for Administrative/Academic personnel only.

Signature : ____________________________ Date: __________________

---

IT OFFICE USE ONLY:
Date Processed: _______________ Initials: ___________ URL: _______________________
Confirmation Sent: ☐ Email ☐ Inter-Office Mail ☐ Phone ☐ Other: Explain
Adjustments made, if any: ________________________________

090601:wsrf.doc