

Furman University Computer Use Form – Guests

Guest Information (THIS SECTION TO BE COMPLETED BY THE GUEST)

Name of Group:

Start Date:

End Date:

Name of Group Coordinator:

Guest's Name:

Parent or Guardian's Name (If Guest is under 18):

Guest or Guardian's Signature: _____

As with any personal account, users must not share their username or password with anyone. All users are responsible for all material originating from an account. Any vulgar, inappropriate or harassing material originating from an account could result in the termination of the account, disciplinary action and/or possible criminal charges. For more information on the University's harassment policy please refer to University policy 094.1Harassment.

As a parent or guardian of this child, I realize that my child will be participating in a program that uses Furman University Computer Labs. Computers in these labs have unrestricted Internet access. Telecommunications is an excellent way to explore educational topics, conduct research and communicate with others. However, there may be materials on the Internet that may not have educational value and may not be appropriate for persons under the age of 18. Though the coordinator/teacher/counselor for my child's program will monitor computer use, I recognize it is impossible for them to restrict access to all controversial material and will not hold them or Furman University responsible for materials acquired on the network. Each participant will be fully informed of the computer use rules, and any violation of these regulations may lead to loss of access, charges or damages, and if warranted, law enforcement involvement.

I give permission for my child to have access to Furman computers.

I do not give permission for my child to have access to Furman computers.

Guest Identification Information

In order to comply with the Federal Governments standards for eAuthentication, guests must supply Furman University's Computing and Information Services with either their driver's license information or a record of payment to the University.

1. Guest Driver's License Information (THIS SECTION TO BE COMPLETED BY THE GUEST)

Guest's Driver License State: _____ and Number: _____

Guest's Signature: _____

Date: _____

OR

2. I do not wish to submit my driver's license information. Please use my record of payment to the University to verify my identity.

Record of Payment to the University (THIS SECTION TO BE COMPLETED BY THE FURMAN GROUP COORDINATOR)

Guest has submitted a payment to Furman University Yes No

Furman Coordinator Name:

Furman Coordinator's Department:

Furman Coordinator's Signature: _____

PAYMENT RECORDS MUST BE KEPT A MINIMUM OF 1 YEAR