**Application for use of the Power Laser DX VPN**

**I pledge to strictly observe the following when using the Power Laser DX VPN.**

**1． I will comply with the PowerLaserDX VPN Usage Guidelines.**

**2． I will strictly manage my account and password, and will not allow others to use them.**

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| --- |
| Date: |
| Name： |
| Affiliation： |
| ILEID : |

**※You agree to this pledge at the time this document is submitted. Any violations will result in immediate account termination.**

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| --- | --- |
| Please provide details of the services you would like to use by connecting to the VPN. | ※If you wish to use dx-research, please fill out the reverse side of the form. |
| What is the OS of your machine? |  |
| What is the antivirus software of your machine?? |  |

**レーザー研常勤教職員（受入教員）の承認 (Approval of liaison scientist)**

**上記誓約を確認し、接続を許可いたします。**

**年　　月　　日　　　　受入教員氏名：**

If you wish to use dx-research, please fill out the reverse side of the form.

**If you wish to use dx-research, please also fill in the following.**

**■Research collaboration proposal number**

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**■End Date (Maximum period of use is about 3 months)**

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**■Reason for application (We will decide whether to accept or reject your application based on the details of your application.)**

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**※If you have obtained any information through the VPN service that is not related to the above-mentioned joint research proposal, please notify your liaison scientist and promise to keep such information confidential.**

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