

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.

Date:
Name :
Affiliation :
ILEID :

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

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.

以下管理者記入欄												
ユーザ名												
登録日			年		月		日					
VPN												
ユーザー種別	LDAPユーザー			fortigateローカルユーザー								
クライアント証明書	無し			有り(有効期限:)								
抹消			年		月		日					