Temple University
Office of Telecommunications
Third Floor Bell Building (286-99)
1101 W. Montgomery Avenue, Philadelphia, PA 19122

I.P. Address Request Form

Project Number:

REQUESTING DEPARTMENT INFORMATION

Requesting Department :	**Fund/Org/Program: _____ - _____ - ____**
Onsite Contact:	**Budget Unit Head Signature:**
Contact Extension: **Fax:**	**Date Requested:**

DETAILS OF USER REQUEST

Host Name	COS	Building	Room	Jack #	User/Function	Phone	* I.P. Address	MAC Address	* CName

FORM COMPLETION INSTRUCTIONS **

Please complete all items requested above. * denotes optional information. The completed form can be mailed to the address above or faxed to x17811.

1. Host name - the name of the workstation the client chooses. It is LIMITED to 8 characters and the last two octets must always be .temple.edu.
2. COS - Class of Service: Staff, Student, Dean's Office or Mobile.
3. Building, Room - Exact location where the network connection is required.
4. Jack # - If a jack exists, you must enter this information. If you do not have a jack and require one, a cabling request must accompany this I.P. Address Request form. (Use the Customer Service Order Request form to detail your request.)
5. User/Function - the name of the person utilizing the connection OR the job function of the personnel using the connection.
6. Phone - the phone number of the person utilizing the network connection.
7. I.P. Address - provide if you know of an I.P. Address that is free.
8. MAC Address - the hardware address on the Network Card is REQUIRED. If you need help obtaining this 12 character address please call the Help Desk at x18000.
9. CNames are records only given for servers and require justification.
10. Please allow 3 business days for the request to be processed.

** Please contact us at x15776 if any of the above information changes or if an I.P. address is no longer required, as there are a finite number of I.P. addresses for the University.

Revised 04/2009