Data Management Group
Joint Program in Transportation
University of Toronto

System Access Request Form - Consultants

Name: _____
Surname Given Name(s) Initial

Affiliation: _____

Address: _____

_____

Telephone: _____

Email: _____

Funding Agency: _____

Brief description of project for which this account is required:

_____

Duration that access is required:

From (MM/DD/YY): _____ To (MM/DD/YY): _____

In signing this agreement, I agree to use my account on the computer system at the Data Management Group only for the usage stated above. I agree to obey all rules communicated to me, in particular, any procedures required to maintain system security. I will not permit any other person to use my account, nor will I use the account of another user. Although the Data Management Group will attempt to maintain service at all times and provide regular file back-up, the contents of all files generated are the responsibility of the user. In no event will the University of Toronto, the Joint Program in Transportation Data Management Group or any of its funding agencies, be liable for any indirect, special, consequential or other damages however caused. Finally, I understand that permission to use the system will be withdrawn if I do not abide by this agreement.

Signature: _____ Date: _____

For Office Use

Login ……. UID……. GID……..……

Processed by ……..…… Date ……..……