

Registration as Web Information Provider (Staff)

(also Registration as additional Web Publisher)

This form should be completed by members of staff of the University who wish to register for the specific purpose of entering and updating Web information, using the central Web server. For more information, please see the University of Glasgow Guide to Web Publishing at <http://www.gla.ac.uk/www/>. For personal use of IT Services facilities, complete form UR1 instead.

Completed forms should be sent to Andrew Atkinson, Web Team, 3 The Square.

PERSONAL DETAILS:

| | | |
|--|----------------|--------------|
| Title: | First Name: | Middle Name: |
| Surname: | Date of Birth: | |
| Status: (e.g. Academic / Secretary / Technician) | | |
| Staff Number: | | |
| University Department: | | |
| Telephone: | | |
| E-mail Address: | | |

SIGNATURE OF AGREEMENT: (delete as appropriate)

I will act as Web Information Provider / additional Web Publisher for the following department (or equivalent):

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I certify that I will use the allocated username only for the purpose of entering and updating information to the University of Glasgow Web Service. If I leave the University or cease to act as Information Provider for any other reason, I will inform the IT Services of this. I agree to abide by the *Responsibilities of a Web Publisher* (<http://www.gla.ac.uk/services/computing/regulations/web/responsibilities.shtml>) this includes:

- *Regulations and Code of Conduct for the Use of Information Technology Facilities at the University of Glasgow*
- *Acceptable Use of IT Facilities Policy*
- *JANET Acceptable Use Policy*

See <http://www.gla.ac.uk/services/computing/regulations/> or copies are available from the Administration Office, IT Services, James Watt (North) Building.

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|------------------------|-------|
| Signature: | Date: |
| Name: (Block Capitals) | |

ENDORSEMENT BY HEAD OF UNIVERSITY DEPARTMENT

For departmental information providers, this section should be completed by the head of department. I accept responsibility for ensuring that the facilities are used only for departmentally approved purposes and in a responsible manner.

| | |
|------------------------|-------|
| Signature: | Date: |
| Name: (Block Capitals) | |

IT SERVICES USE ONLY

| | |
|---------------|----------------|
| Web Login ID: | Password: |
| Date: | Web Directory: |