King Khalid University Hospital

KKUH Wireless Access Form

This form is only valid for "KKUH Employee"

User Information to be filled by Applicant (* = Mandatory Information)	
Applicant Information	*Device Information*
* Hospital Employee ID #: _____ *(**Please submit your ID copy along with this form**) * Name Full:_____ **Capital Letters** * Position: _____ * Department/Section: _____ * Contact Numbers: Tel: _____ Cell # _____ * Email ID:_____ (**If user do not have email id please contact KSU 4675557**) **Important Note:** **Each FORM will take minimum 5 working days to process by the IT department from your date of submittal.**	- Please make sure your device is protected with latest Anti Virus and Latest security patches. - Only one WIFI device is allowed for each user. * WIFI Address: _____:_____:_____:_____:_____:_____ (**WiFi** عنوان) * WIFI Device Type: □ Laptop, □ Phone (only Apple and Samsung S1 & S2) □ Tablet, □ Medical Devices (**Please check only one**) If you need help please contact IT Help Desk 4691515 or bleep 0808. I confirm that I am fully aware of the KKUH Information technology policy and procedures and standards and not complying will results on deactivate account. * Applicant Signature: _____ * Application Date: _____-_____-_____ (DD-MM-YYYY)

* = Mandatory Information

In order to get KKUH wireless connectivity you must provide all above information before start using KKUH Wireless Access. IT Department will send you your credentials and usage procedure to above mentioned Email ID.

To be signed by Applicant Head of the Department

I hereby authorize applicant to use KKUH Wireless network for the above mention role as per the Hospital Information Technology and Information Management Standards.

I am authorizing user to use KKUH Wireless.

This agreement will remain in effect until user leave the hospital for good.

Head of The Department Name: _____ Signature _____ Date: ____-____-_____

Only use for Information Technology Department

IT Director : _____ Signature : _____ Date: ___-___-___

Access Provided By : _____ Signature : _____ Date: ___-___-___

User ID and Password Send Via Email or SMS: _____ By:_____

Comments : _____

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User ID: _____ Password: _____