

Rensselaer Polytechnic Institute CCI User Information Form

Office use only U: P:

User Information

Name: _____

Organization: _____

Address: _____

Email: _____

Telephone: _____

Affiliation with CCI:

- Member** – I am an employee (or student) of a CCI-member organization (company, university, or other CCI-member entity) who will be working on member projects.
- Non-member participant** – I am an employee (or student) of an organization authorized by the CCI Governing Board to work with a _____ Member organization
CCI-member on member projects.
- NYS User** – I am an employee (or student) of an organization authorized by New York State to use the CCI facility.
- Other:** _____

I have read and understand the CCI Acceptable Use Policy. The above information, including the indicated affiliation with the CCI is complete and correct.

Signature Date

Authorization

_____ Signature	_____ Date
_____ Name	