

Date of Application: (Month) (Day), (Year)

User Account Application Form (re-issue)

User Affiliation	<input type="checkbox"/> Board member	<input type="checkbox"/> Full-time teacher	<input type="checkbox"/> Part-time teacher
	<input type="checkbox"/> Foreign teacher	<input type="checkbox"/> Foreign researcher(ILCAA)	
	<input type="checkbox"/> Full-time clerical staff	<input type="checkbox"/> Part-time clerical staff	
	<input type="checkbox"/> Others ()	manager's affiliation and signature	

Name (in kanji or katakana) _____

Name (in Roman alphabet) _____

Affiliation _____ Room Number _____

Telephone Number
(Extension) _____

Delivery place(way) Here Online(_____)

※other than 「 @tufs.ac.jp 」

Mail address (account) _____

※ The mail address that you need to re-issue (@tufs.ac.jp)

■Reason for Application (briefly)

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Notes

- By submitting this application, you agree that you have understood and consent to the “Regulations Concerning the Use of Information Collaboration Center”.
- You may not obtain more than one account.
- Please complete this application and submit it to the designated location.
- The weekly cutoff for submissions is Monday, and permits will be issued on Friday. Please obtain your permit at the location where you submitted your application.

Reception Use Only

受付日：令和 年 月 日
受付者： _____
本人確認： <input type="checkbox"/> ()
連絡事項：