RIN NO.- 661643648 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 organizemember entity) who will be working on member projects.	ation (company, university, or		
Non-member participant – I am an employee (or student) of an organization authorized by the CCI Governing Board to work with a				
	per on member projects.	Member organization		
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				