**Application for Administrator Privileges for Astrophysics Desktop systems**

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| --- | --- |
| Name: | Email: |
| Name of System: | Office: |

Purpose(s) for which admin privileges requested (please list name of package and where appropriate web-link or source information):

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* I understand that Administrator Privileges will only be granted for the reasons listed above.
* I understand that Administrator Privileges will be withdrawn from me if any abuse of these privileges occurs.
* Administrative privileges will only be granted on the agreement of the liability form.

Signature of applicant: Date: