**Server Co-Location Service Request Form**

**To: Director of Computer Center**

(MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

Position ................................................... Phone ext. ............................ Email: ...............................................@msu.ac.th

would like to request server co-location service with following details:

1. **Objectives**

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1. **Specifications**

|  |  |
| --- | --- |
| **Type of server service**  |  |
| **Size** |  |
| **Other connecting devices (if apply)**  |  |
| **Duration for** |  |

1. **Administrator and responsible person**
2. (MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

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1. (MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

Position ............................................ Phone ext. ............................

Email: ...............................................@msu.ac.th

I, herein, will be responsible for transaction log, server maintenance, data backup, antivirus system and have proper protective measure against data hacking and check on data storage and type. All measures will strictly follow Computer-related Crime Act B.E. 2550 (2007) as amended by the Computer-related Crime Act (No. 2) B.E. 2560 (2017), and I will be promptly ready to provide information upon university network administrator’s request.

I understand the conditions to requested service, therefore, sign as evidence.

.................................................... Signature of inquirer

 (….....………………………..……………)

 Date ............................................

.................................................... Signature of verifier

 (….....………………………..……………)

 Head of Division

 Date ............................................

|  |  |
| --- | --- |
| **Head of Network Division’s comment** | **For Director of Computer Center’s****consideration** |
|  Please approve Please do not approve due to ................................................................................................................................................ Signature(….....………………………..……………)Date ........................................................ |  Approve Do not approve due to ................................................................................................................................................ Signature(….....………………………..……………)Date ........................................................ |