



**LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY**  
**LAUTECH INFORMATION AND COMMUNICATION TECHNOLOGY CENTRE**  
P M B 4000, OGBOMOSO, NIGERIA  
**CONSENT FORM FOR INTERNET SERVICES**

I hereby indicate my interest to be provided with the LAUTECH internet services

LASTNAME..... OTHER NAMES.....

DEPARTMENT..... FACULTY.....

DESIGNATION..... STAFF NO.....

PHONE NO..... SLIP NO.....

EMAIL.....

CONTACT ADDRESS.....

USERNAME..... DEFAULT PASSWORD.....  
(Your initials with your surname) (Maximum of 8 characters)

**Undertaking**

I hereby agree to use this account for academic & research purposes only and never to disclose my password to anyone (students and staff inclusive).

.....  
Signature/Date

**To be completed by the Head of the Department**

I certify that the above is a staff of my Department

.....  
Name/Signature/Stamp of HOD/Department

**For official use only**

Name.....

Signature.....

Date.....