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**WIFI ACCESS REGISTRATION FORM**

NAME	
COLLEGE	
COURSE	
OR NO	
DATE	
AMOUNT	
LAPTOP MAC/Physical ADDRESS	
Laptop Brand/Model	
WiFi Access Number	

*With my WiFi access privilege to TSU, I hereby affirm my compliance with the TSU IT Policy and other applicable policies set by the TSU administration.*

\_\_\_\_\_ *Date:* \_\_\_\_\_  
*Signature over Printed Name*

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