

## **IDRIS**

## Administration Form for Login Accounts (FGC)

FGC-eng V3.2

Imperative: To prevent possible transcription errors, this form must be typewritten. Complete, print and sign this form before sending a copy to <a href="mailto:gestutil@idris.fr">gestutil@idris.fr</a>

		Remov	ing an account from a proje and/or files transfer	ect			
Project numb	er:		and/or mes transier				
they will be o	lestroyed will	th no possibility of re	estoration. This will be done within our project without any delay, then yo	a 2 weeks time period approximatively. ou must request a quick purge of the files			
Deta (y/n		Concerned logins	User (last name, first name)	Transfer files to the following login if requested			
			available on the <u>IDRIS website Eng</u> nagement -> Account Managemen				
Date: Name and signature of Project Manager:							
Add or delete a deputy project manager for an existing project							
Project num	ıber:			Add □ Delete □			
		ame).					
Deputy (last name, first name):  Name and signature of Project Manager:							
	S. 🗆		ange the user part of initial				
Professional	e-mail addre	ess (at laboratory):					
Telephone n	umber:						
Login(s) con	cerned by the	e request:					
		at will comprise the se ou by e-mail).	cond part of your initial password (	the			
Date:		5	Signature of the user:				



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act name and first na		User's first name:				
-asi name and msi na	me of laboratory director:					
_aboratory unit numbe	r (if CNRS) or acronym:					
Name and address of	laboratory					
Telephone:	Professional e-mail address (at laboratory):					
Date:	Signature of laboratory di	rector:	ctor: Signature of the user:			
		CCFR network				
concerned IDRIS lo	ogin :					
Date :						
lame and signatur		ie and signature or th 's laboratory:	e security manager of the			
	Add or delete IP co	nnection addresses				
Concerned IDRIS login	:					
IP address to add	Name of machine (F.Q.D.N)	IP address to delete	Name of machine (F.Q.D.N)			
		1				
f you wish to authorise	e data outflow to an institutional se	ervice (Git, iRODS,), p	lease complete the following :			
f you wish to authorise	e data outflow to an institutional se Name of machine (F.Q.D.N					
•						
•						

manager of the user's laboratory:





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Report any machines which are under the responsibility of an organisation or a department which is different from that of the applicant					
Organisation hosting the machin	ies:				
Laboratory unit number (if CNR\$	S) or acronym:				
Address:					
Telephone:					
Last name, first name and qualif	fication/function of the si	ite manager:			
Professional e-mail address:		Telephone:			
Date: Stam	ıp:	Signature of the host site manager:			
Report any tempor  Dates of temporary stay		in a foreign country (to be renewed every 6 months)  To:			
		er):			
Professional e-mail address	(at laboratory):	Telephone:			
Professional e-mail address  Date:	at laboratory):	Telephone: Signature of the visiting researcher:			
	; (at laboratory):	·			
	s (at laboratory):	·			
	s (at laboratory):	·			

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