



Please print this form.

Access Agreement

Your Name (*please print*):

University / Affiliation:

Street Address:

City, Province Postal Code:

Country:

Telephone:

Email Address:

Principal Investigator, if not given above
(*please print*):

I have read and understood the High Performance Computing Virtual Laboratory (HPCVL) **Access, Usage and Security policies** and agree to abide by these policies and any other policies approved by the HPCVL Board of Trustees.

I agree to abide by and follow all procedures instituted by HPCVL to facilitate these policies and the operation of the Laboratory.

Signature

Date

Send completed form **by fax / mail** to:

HPCVL
Queen's University
115-993 Princess Street
Kingston, ON K7L 1H3

Tel: (613) 533-2561 Fax: (613) 533-2015