



IT DEPARTMENT, CENTRE FOR FOUNDATION STUDIES, IIUM

APPLICATION TO CHANGE WIRELESS LAN MAC ADDRESS

PART 1: Personal Information

Name : _____ Staff/Matric No : _____

Address/Mahallah: _____ Hp. No : _____

Dept/ Programme : _____ Email : _____

PART 2: Application Information (please tick or fill in the blank, whichever is applicable)

1. Previous device type

☐ Notebook ☐ Tablet

MAC address : _____

2. New device type

☐ Notebook ☐ Tablet

3. Reason of changing MAC address

☐ Stolen ☐ Lost ☐ Faulty ☐ New

☐ Others : _____

I certify that the above detail are true and if found false, the management reserves the right to CANCEL my application.

Signature : _____

Date : _____

Person in Charge (for office Use)

Name: _____

Staff No: _____

Application Status ☐ APPROVE

☐ REJECT, Reason: _____

Signature : _____

Date: _____