## MAXC LOGIN ACCOUNT APPLICATION and SECURITY ACKNOWLEDGEMENT (Form to be filled out by Non-Xerox employee or Xerox employee not at PARC or Palo Alto SDD/SD)

Directory Name:	Password:
(Usually your last name)	(6 or more letters and/or digits and unpronounceable)
Originator's Name:	MAXC Account IVY Account
Organization:	Project(s):
Mailing Address:	Termination Date:
Phone:	(Please Print)
<ul> <li>Xerox permanent employee</li> <li>Xerox temporary employee</li> <li>Non-Xerox employee</li> </ul>	Reason for Account:
Access to Maxc is provided under the following of	conditions:
<ol> <li>The password issued to obtain access to Maxc will be kept allowed to use your password.</li> <li>In the event that the Maxc system or its users should chang or processed in Maxc, neither Xerox or any of its users will</li> <li>Since Xerox personnel have access to information in Maxc or processed by you is confidential to you or your organiza and to use this information.</li> <li>Any information proprietary or confidential to Xerox that i held in confidence and not disclosed to other individuals of I acknowledge and accept these conditions.</li> </ol>	ge or destroy any of the information that you have stored II be held accountable for the resulting loss. c, it will be assumed that none of the information stored ation, and that Xerox personnel have the right to access is obtained in conjunction with the use of Maxc will be
Originator's Signature:	Date:
Supervisor's Name:	Date:
Supervisor's Name:(Please Print)	
Supervisor's Signature:	Phone:
Do not	write below this line
User Groups: Directory Groups:	Mailbox
File Protection:   Directory Protection:	Person responsible for files in this directory if owner terminates:
Disk Limit: Project Group:	Additional Subsystems:
Remarks:	
	by:
Authorizing Signature:	Date:
MAXC USER ACCOUNT STATUS:	Filed on [Indigo] <forms>MaxcNon-XeroxLogin.Press</forms>
Active Inactive Termin	nated Date of Termination:
Archive: Requested Complet	te Printed Killed (date:) gure 8.