



**MISSISSIPPI STATE**  
**UNIVERSITY**  
*Information Technology Services*

# Non-MSU Domain Request Form

**Domain Requested:** (e.g. name.org or name.com)

\_\_\_\_\_

**Requesting Entity:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\*A billing address is necessary for processing of the \$50 annual fee and any other associated charges pursuant to MSU Operating Policy OP 30.05.

**Contact Person Within Requesting Entity:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Statement of Purpose of Entity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domain Name to IP Address Mapping:** \_\_\_\_\_

**Estimate of Size of Site and Level of Usage of Site:**

\_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requestor's Name (Please Print):** \_\_\_\_\_

**Sponsoring MSU Dept Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsoring MSU Dept Head Name (Please Print):** \_\_\_\_\_

**For Help Desk Use Only**

**Ticket Number**