

# License Request Form for the Educational Version of MPDS4 or MEDUSA4

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## Details of Individual Keyfile Recipient

Full Name		<input type="checkbox"/> Student <input type="checkbox"/> Faculty Member
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Student ID no.		
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E-mail		
Phone		
Mobile		
Computer Host ID <small>(physical address/MAC address)</small>		
Computer Host Name		
Operating System		

Product number	Product name	No.		Server	Locked

Your signature confirms the accuracy of the information supplied above and your agreement to the conditions described above.

\_\_\_\_\_  
 Date, Signature of Student or Faculty Member

\_\_\_\_\_  
 Date, Departmental Stamp (where available) and Signature of CSG Point of Contact