

**Work At Home Agreement Staff/Faculty Users Acceptance Form**

This acceptance form is valid for the Microsoft products checked below, which shall be referred to collectively herein as the "Software". Software is made available to you because Stony Brook University has purchased license coverage for the Software through the Microsoft Campus Agreement Subscription. Stony Brook University is extending to you the right to use the Software for **Campus-related** purposes at home. **You are not licensed to use the Software at home for personal purposes.** You do not own the license or the CDs, rather you are authorized to use the Software and associated media pursuant to the terms and conditions of the license(s) granted to Stony Brook University for the term of Stony Brook University's Campus Agreement Subscription. You will be required to remove the Software from your home machine immediately upon the earlier of (a) any event which causes you no longer to be a faculty or staff member or employee of the institution for any reason or (b) expiration of the Campus Agreement Subscription term.

Work At Home Use Rights have been granted by Stony Brook University for the following product(s) (referred to collectively herein as the "Software"):

- Microsoft Office Professional
- Microsoft Office for the Mac

Please initial each statement:

\_\_\_\_ I will read and abide by the license agreement(s) associated with this Software.

\_\_\_\_ I understand that no technical support is provided by Stony Brook University in association with my work-at-home use.

\_\_\_\_ I understand the minimum specifications to run the Software as listed at <http://www.microsoft.com/catalog/default.asp?subid=22>.

\_\_\_\_ I will remove the Software from my home machine immediately upon the earlier of (a) any event which causes me no longer to be a faculty or staff member or employee of the institution for any reason or (b) expiration of the Campus Agreement Subscription term.

\_\_\_\_ I understand that I am not licensed to use the Software for personal purposes.

Date: \_\_\_\_\_

Staff/Faculty signature: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Department: \_\_\_\_\_

Stony Brook ID: \_\_\_\_\_

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

Completed forms should be sent to your department administrator who will collect and forward them to Client Support for processing at S5410 Melville Library, Zip 3382.

