



Università degli Studi di Napoli  
"Parthenope"

Centro di Calcolo Elettronico

Via Acton 38 - 80133 Napoli



Prot. n. 31 / CCE  
Napoli, 31/01/2012

Identity Provider Registration Request<sup>1</sup>  
v1.2, 2011/11/22

New

Change Request<sup>2</sup>

Removal

Organization

Name: Università degli Studi di Napoli "PARTHENOPE" .....  
Unit Name<sup>3</sup>: .....  
Organization site URL: .....

Service

IdP Display Name<sup>4</sup>: .....  
Web page URL<sup>5</sup>: .....  
EntityID<sup>6</sup>: <https://idp.uniparthenope.it/idp/shibboleth> .....  
eduGAIN opt-in<sup>7</sup>

<sup>1</sup>The form can be filled in Italian or in English.  
Please send two originals to Consortium GARR, Servizio IDEM GARR AAI, Via dei Tizii,6 00185 Roma and email a copy to idem@garr.it  
NOTE: if this is the first service registration you must also fill the form to join the Federation as a Member or as a Partner.

<sup>2</sup>If you tick "Change", please fill only the fields you want to change; leave others blank

<sup>3</sup>End user Unit (if applicable)

<sup>4</sup>To be displayed on WAYF server IdPs list. Might be modified by the IDEM GARR AAI service for normalization.

<sup>5</sup>The URL of a page which describes the service, as required by NdP (Norme di Partecipazione) and specified in ST (Specifiche Tecniche) (eg. user info, Privacy Policy)

<sup>6</sup>Unique identifier which identifies each Service in IDEM Federation

<sup>7</sup>EduGAIN opt-in means you require that your service will be also included in eduGAIN metadata. You declare to fulfil eduGAIN policy <http://www.geant.net/service/edugain/resources/Pages/home.aspx>

### Technical Contacts<sup>8</sup>

Name: .....  
 Position: .....  
 Address: .....  
 Email: .....  
 Phone: .....

Name: .....  
 Position: .....  
 Address: .....  
 Email: .....  
 Phone: .....

Support Email<sup>9</sup>: .....

The service is in compliance with the purpose of the Federation.

Date: 31/01/2012

Applicant's signature<sup>10</sup> Nunzio Napolitano *Nunzio Napolitano*

### Acceptance by Consortium GARR

Date: .....

On behalf of Consortium GARR .....

<sup>8</sup>At least one is required.

<sup>9</sup>Email address operating also during the absence of the Technical Contact.

<sup>10</sup>Signature of the "Referente Organizzativo" or of the Organization's Legal Representative

The signature must be readable or Name and Surname in block capitals must be written down.  
In case of a "change request", a signature of the technical contact person or of the Technical Representative is sufficient.