



PROT. ARRIVO N. E/17259/10  
 DEL 11 GEN. 2013  
 CONSORTIUM GARR



# Identity Provider Registration Request<sup>1</sup>

v1.2, 2011/11/22

New

Change Request<sup>2</sup>

Removal

## Organization

Name: ..... UNIVERSITA' DEGLI STUDI DI TORINO .....  
 Unit Name<sup>3</sup>: .....  
 Organization site URL: ..... WWW.UN.IT .....

## Service

IdP Display Name<sup>4</sup>: .....  
 Web page URL<sup>5</sup>: .....  
 EntityID<sup>6</sup>: ..... HTTPS://IP.RETTORATO.UNIT.IT/IDP/SIBBOLETH .....  
 eduGAIN opt-in<sup>7</sup>

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

Name: ..... PAOLA LAGAZZI .....  
 Position: .....  
 Address: ..... VIA PO 31 - 10100 TORINO .....  
 Email: ..... PAOLA.LAGAZZI@UN.IT .....  
 Phone: ..... 011-6703943 .....

- 1 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](mailto: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.
- 2 If you tick "Change", please fill only in the fields you want to change; leave others blank
- 3 End user Unit (if applicable)
- 4 To be displayed on WAYF server IdPs list. Might be modified by the IDEM GARR AAI service for normalization.
- 5 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)
- 6 Unique identifier which identifies each Service in IDEM Federation
- 7 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>
- 8 At least one is required.

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

Support Email<sup>9</sup>: ..... SEWI-ID@UN.IT .....

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

Date: 11-01-2013 .....

Applicant's signature<sup>10</sup>  .....

**Acceptance by Consortium GARR**

Date: .....

On behalf of Consortium GARR .....

9 Email address operating also during the absence of the Technical Contact.  
10 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.