



PROT. ARRIVO N. E/367-14 (1)

Identity Provider Registration Request

	<u>v 2</u> .0, 2013/05/23	L 0 1011, 201
New	Change Request <sup>2</sup>	Removal Removal

Name:	UNIVERSITA DEGLI STUDI DI FIRENZE		
EntityID³: eduGAIN opt-in⁴	Service https://shibboleth.unifi.it/idp/shibboleth		
Name:	Technical Contacts⁵		
Position:			
Address:			
Email:			
Phone:			
Name:			
Position:			
Address:			
Email:			
Phone:			
	Files Contract of the section of the		
Support Email <sup>6</sup> :			
The service is in compliance with the purpose of the Federation.			
	nt's signature <sup>7</sup>		
Acceptance by Consortium GARR			
Date:			
On beha	alf of Consortium GARR		

If you tick "Change", please fill only in the fields you want to change; leave others blank

Unique identifier which identifies each Service in IDEM Federation

At least one is required.

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

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 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.

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

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.