



VPN – Virtual Private Network Access Request Form

Request Type: **User Information (Required)**

New User: Delete User: Change User: Region/School Code: _____

Requested By:

First Name: _____ Last Name: _____
 Title/Position: _____ Telephone: _____
 School/ Office Address: _____

Service(s) Requested:

Application Name/PortNo: _____

Network Device(s) (If Known) IP Address: _____
 Name/DNS Name: _____
 Physical Location: _____

Purpose of VPN Access: _____

User Login ID (network): _____ ISP Name: _____
 Domain: _____

Available Hardware: Laptop Desktop Connection Type: Cable Dial-up DSL

Supervisor's Approval:

Name: _____ Signature: _____
 Title: _____ Date: _____

For DIIT Use Only

Approved: Yes No Extranet VPN Intranet VPN Comments: _____

VPN Group: _____

Completed By (Name): _____

Authentication server:
 Active Directory
 RADIUS

Approved By:
 Name: _____ Security Manager: _____
 Title: _____ Date: _____
 Date: _____