REQUEST FOR VENDOR VPN ACCESS

Vendor Name: ____________________________________________________
Vendor Address: ____________________________________________________
Individual’s Name: _________________________________________________ Phone #: __________________________
Email Address: ____________________________________________________  Alt. Phone #: _______________________

Vendor’s Supervisor Name: _____________________________________  Telephone#: _______________________
Vendor’s Supervisor’s Email Address: ______________________________

Action needed: □ add new user □ change current user ID □ need more access □ terminate current user ID

Purpose for VPN access (Select all that applies): □ Advance Banner Access □ Customer issue (Please list below) □ Server Access (List below)

Facilities □ Web □ Desktop support

Method of access: □ Remote Desktop □ Telnet □ SSH □ VNC □ File Transfer □ Other: __________________________
Responsible NCCU employee: _____________________________
Operation System: □ Windows XP □ Vista □ Windows 7 □ Linux □ OS X □ Other __________________________
You are connecting with: □ Company computer □ Personal computer  Is anti-virus installed on the computer? □ Yes □ No
Duration of Access: Start (Date): ___________________________  End (Date): ___________________________
New VPN Username: ______________________________________________

I certify that I have completed this request fully and accurately to the best of my knowledge. I have read and agree to comply with the policies and procedures concerning the usage of the NCCU Information Systems. I understand that access to these systems is to conduct official university business and that the information that is available to me is not for personal or commercial purposes. I further understand that violation of this policy will result in immediate removal of my access privileges and may result in additional administrative or legal action.

Individual’s Signature: ___________________________________________ Date: __________________________

Vendor’s Supervisor Signature: __________________________________ Date: __________________________

I certify that the user is entitled to receive access to the university’s systems. I also acknowledge that I am responsible for notifying the Security Officer(s) and the Information Technology Services area when changes in the employees’ access are needed or when the user’s employment at the university is terminated.

NCCU Supervisor Signature: __________________________________ Date: __________________________

* * * ACCOUNTS(S) WILL BE REMOVED IF NOT USED FOR 90 DAYS * * *
After obtaining all signatures forward original form to Information, ITS, 3rd Floor, School of Education Building

Security Officer(s) Signature: __________________________________ Date: __________________________