

REMOTE CONNECTIVITY ACCESS FORM

**Policy Non-Compliance**

**Failure to comply with AP 7540K - Remote Connectivity Access Procedure may result in the suspension of remote access privileges, and/or disciplinary action.**

Date of Request: \_\_\_\_\_

School/Department: \_\_\_\_\_

User Name: \_\_\_\_\_ User ID: \_\_\_\_\_

User's Title: \_\_\_\_\_ Primary Function: \_\_\_\_\_

User's E-Mail ID: \_\_\_\_\_ User's Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Site Tech/Site Manager:  
\_\_\_\_\_  
Date: \_\_\_\_\_

VPN: \_\_\_\_\_ Dial-In: \_\_\_\_\_ Terminal Service: \_\_\_\_\_

To be Completed by Educational Technology:

Approved By (Requires Educational Technology Mgr.): \_\_\_\_\_

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

VPN Information: Group: \_\_\_\_\_

Security Verified YES/NO (e.g., personal firewall): \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_