

VPN Access Request

General Information

Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First M.I. Last </div>
Email: _____

Job Title: _____

Employee Status: Admin/Tech Professional Faculty Classified Other: _____
(Check One) (Describe)

Access Information

- 1) Is the computer you will be using owned by CCD? Yes No (If Yes, skip to #5)
- 2) If no, please provide the name of the anti-virus package in use: _____
- 3) Operating System Used: Windows XP/Windows 7 Mac OS X or above
- 4) Firewall In Use: Windows Firewall Home Router Firewall Other: _____
(Describe)
- 5) Period of Access Requested: 1 Week 1 Month 6 Months Indefinite
- 6) Please provide an explanation of the business need for VPN access and how it cannot be met otherwise.
 Please note: VPN access is not necessary to check your email remotely.

Signature/Approvals

By signing this form, I agree that I have read CCD's VPN Access Procedure and will comply with all guidelines and requirements set therein.

Employee: _____ <small>Print Name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
VP/Provost: _____ <small>Print Name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
IT Director: _____ <small>Print Name</small>	_____ <small>Signature</small>	_____ <small>Date</small>