Request for Virtual Private Network (VPN) Access

Section I: Account Information - To be completed by Department Supervisor

This VPN account is requested for:
_____________________________________________________

Print name and position/title

Request Date: ___________ Department: ____________________________

Department Supervisor: ____________________________

Print name and position/title

Action Requested:
  o New VPN Account Holder
  o Modify Existing VPN Account
  o Revoke VPN Account Privileges

Section II: VPN requirements - To be completed by Department Supervisor

VPN User Elevated VPN User (Requires CISIO and RBC ISO Approval)

Justification / Comments: Please document justification / requirement for VPN access. List network resources to which the user will require access.

__________________________________________________________
__________________________________________________________

Required Accessibility of the VPN:
  o Limited duration for a specified time period
    only:________________________________________
  o Continued 24/7 access until revocation – to be audited annually.
  o Other:________________________________________

Section III: Signatures to be completed by Supervisor and Account User:

Signature implies acceptance and compliance with all Richard Bland College, State, and Local Policies.
Supervisor: ____________________________________________________________

Print Name                                              Signature

Account: User _______________________________________________________

Print Name                                              Signature

Information Security Officer (or designee) Approval:

____________________________________________

Section IV: VPN Account Management - To be completed by Firewall Administrator

Date: ____________________ Technician: ________________________________

Action Taken / Notes / Comments:

Account Information provided to Account Holder:

____________________________________________

Account Holder completed mandatory in-service: ______________________________

Account Tested: ______________________________

Renewal DATE: ______________________________