

Christopher Newport University - Information Technology Services

VPN ACCESS REQUEST FORM - STAFF-FACULTY

Form Updated: March 2020

SECTION I - USER INFORMATION			
First Name:		Last Name:	
Title:		E-Mail:	
Phone Ext:		Department	
SECTION II - DEPARTMENT HEAD INFORMATION			
First Name:		Last Name:	
Title:		E-Mail:	
Phone Ext:		Office Number:	
SECTION III - VICE PRESIDENT-PROVOST INFORMATION			
First Name:		Last Name:	
Title:		Email:	
SECTION IV - REQUEST INFORMATION			
<u>VPN CHECKLIST:</u>			
<p><u>Please Select the Services Required through VPN:</u> <input type="checkbox"/> Remote Access to Desktop <input type="checkbox"/> Other Service(s) - Please List : _____</p>			
<p><u>The following confidentiality agreement applies to all requests:</u> I understand that while performing certain assignments, I may come into contact with confidential and proprietary personal information regarding Christopher Newport University and/or its employees or students. I understand that it is important to safeguard the confidentiality of this information and therefore agree as follows:</p> <ol style="list-style-type: none"> 1. Confidential Information: I agree that both during and after my contract with Christopher Newport University: <ol style="list-style-type: none"> a. I shall keep secret all confidential & proprietary information and not reveal or disclose it to anyone unless required by a University official to do so. b. I shall not make use of any such confidential & proprietary information for my own purposes or for the benefit of anyone other than Christopher Newport University. 2. Enforcement: I acknowledge and agree that any breach of this Agreement by me will cause harm to the University and/or its employees or students. I agree that if I commit a breach of this Agreement, that Christopher Newport University shall have the right to take disciplinary action against me and to otherwise enforce this Agreement. 3. By signing this agreement, the user agrees to follow Christopher Newport University Acceptable Use Policy and Remote Access and VPN Standard. 			
<p>APPLICANT _____</p>			



CHRISTOPHER NEWPORT
UNIVERSITY

DEPARTMENT HEAD:	Signature _____	Date _____
VICE PRESIDENT APPROVAL:	Signature _____	Date _____
	Signature _____	Date _____

INFORMATION TECHNOLOGY SERVICES

Request Status: Approved Denied IT Security Training Completed

ISO Approval Signature: _____ Date: _____ Ticket ID: _____

Completed By: Technician Name: _____ Date: _____

Please Upload Completed Form as an Attachment to Service Request upon Completion