

JSU Cyber Security Virtual Private Network Request Form

VPN ACCESS WILL BE GRANTED FOR A MAXIMUM PERIOD OF 1 YEAR

JNumber _____ Date _____ Department _____

Requestor Full Name _____ Title _____

Email Address _____ Phone Number _____

Please check the type of access needed:

User's Desktop

University Systems with restricted access:

Banner

CBORD

Other _____

User Managed Servers

Server Name _____

IP Address _____

Due to the amount of malicious network activity after hours additional monitoring resources are needed after hours. Please indicate the timeframes that you expect to utilize this service:

Monday – Friday

8 – 5

5 – 12

Other

Weekends and Holidays

8 – 5

5 – 12

Other: _____

Comments:

Employee Printed Name: _____

Employee Signature & Date _____

Supervisor Printed Name: _____

Supervisor Signature & Date _____

For Internal Use Only

Start Date: _____

End Date: _____

REF#: _____

Authorization Signature: _____

Date: _____