

Florida A&M University Virtual Private Network (VPN) Request Form



- If you require assistance completing this form, please contact ITS Networking at (850) 599-3560
- When completed, please return this form to IT (Fax: 850-561-2292) or email: patricia.mcclees@fam.u.edu
- **Please allow 7 business days for processing**

1. VPN Request Type

Place an "X" or check in the appropriate box.

Request Type:	<input type="checkbox"/> New VPN Request <input type="checkbox"/> VPN Change Request <input type="checkbox"/> VPN Deletion Request	Request Date: 8/18/16
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2. Requester/Sponsor

Request for access must be initiated by user's supervisor, manager or division director: (Print)

Supervisor:		Department/Company:	
Phone:		Email:	

3. User Information

The company and affiliation sections need only be filled for remote users who are not employed by FAMU.

User Name:		Department/Company:	
Title:		Affiliation:	
Phone:		Email:	
Office Location:		9 digit PeopleSoft ID:	

4. Purpose of the VPN

Please answer the following questions about the purpose and criticality of the remote access you have requested.

Resource	Justification (Please Provide a detailed description)

4. Systems/Applications to be accessed

Please list each system and port number that needs to be accessed.

IP Address	Port/Service	Function	System Owner Approval Signature

5. Required Signatures

Supervisor: _____ Date: _____

User: _____ Date: _____

Area Vice President/Dean: _____ Date: _____

ITS use only

ITS	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (iRattler Access)
	iRattler Security Admin: _____ Date: _____
USE	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Network Security Admin: _____ Date: _____
	<input type="checkbox"/> Completed Date: _____