

VPN Access Request Form

Name: _____ Phone: _____

Division: _____ Department: _____

Title: _____

Campus: _____ Building: _____

Reason for Connection: _____

Duration of Connection (start/end date required): _____

Remote Network Access will only be given under extreme circumstances thereby reducing the possibility of exposure of sensitive information by unauthorized use.

I understand that by accepting remote access privileges to Southwest Texas Junior College's network, information systems and computer resources that I agree to adhere to the following:

- I will ensure the confidentiality of the information that I have access to
- I will safeguard the security of my password and other credentials involved in connecting to SWTJC resources
- I will maintain current anti-virus software as well as all operating system/application updates on all computers and devices used to connect to the SWTJC Network
- If I fail to adhere to these requirements or if I cause network problems my remote access will be discontinued

Requested By: _____
Signature Date

Supervisor: _____
Signature Date

Approved By: _____
IT Director Signature Date