

NORTH CAROLINA CENTRAL UNIVERSITY

REQUEST FOR VENDOR VPN ACCESS

Vendor Name: _____

Vendor Address: _____

Individual's Name: _____

Phone #: _____

Email Address: _____

Alt. Phone #: _____

Vendor's Supervisor Name: _____

Telephone# _____

Vendor's Supervisor's Email Address: _____

Action needed: add new user change current user ID need more access terminate current user ID

Purpose for VPN access (Select all that applies): Advance Banner Access Customer issue (Please list below) Server Access (List below)
 Facilities Web Desktop support

Method of access: Remote Desktop Telnet SSH VNC File Transfer Other: _____

Responsible NCCU employee: _____

Operation System: Windows XP Vista Windows 7 Linux OS X Other _____

You are connecting with: Company computer Personal computer Is anti-virus installed on the computer? Yes No

Duration of Access: Start (Date): _____ End (Date): _____

New VPN Username: _____

I certify that I have completed this request fully and accurately to the best of my knowledge. I have read and agree to comply with the policies and procedures concerning the usage of the NCCU Information Systems. I understand that access to these systems is to conduct official university business and that the information that is available to me is not for personal or commercial purposes. I further understand that violation of this policy will result in immediate removal of my access privileges and may result in additional administrative or legal action.

Individual's Signature: _____ Date: _____

Vendor's Supervisor Signature: _____ Date: _____

I certify that the user is entitled to receive access to the university's systems. I also acknowledge that I am responsible for notifying the Security Officer(s) and the Information Technology Services area when changes in the employees' access are needed or when the user's employment at the university is terminated.

NCCU Supervisor Signature: _____ Date: _____

***** ACCOUNTS(S) WILL BE REMOVED IF NOT USED FOR 90 DAYS *****

After obtaining all signatures forward original form to Information, ITS, 3rd Floor, School of Education Building

Security Officer(s) Signature: _____ Date: _____