

# Network Security Request Form

ETSU Office of Information Technology

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This section for use by the Office of Information Technology

Application Number \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date Received \_\_\_\_\_

## Section 1. Personal Information.

To process your request, all information in this section must be completed. Please print or type.

Name \_\_\_\_\_

[ last ]

[ first ]

[ middle ]

Employee ID Number \_\_\_\_\_

Title /Position \_\_\_\_\_

ETSU Email Address \_\_\_\_\_

ETSU Phone Number \_\_\_\_\_

Campus Box Number \_\_\_\_\_

School / College \_\_\_\_\_

Department / Office \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor Title \_\_\_\_\_

## Section 2. Network requests. Check all that apply.

- I am requesting a firewall exemption for the following host\*:

Server hostname: \_\_\_\_\_

Server IP Address: 151.141. \_\_\_\_\_ . \_\_\_\_\_

Exempted TCP ports: \_\_\_\_\_

Exempted UDP ports: \_\_\_\_\_

Effective Date (required): \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date (required): \_\_\_\_/\_\_\_\_/\_\_\_\_

(12 months maximum)

- I have attached a letter of justification (required).

- I am requesting a static IP address for the following host:

Device hostname: \_\_\_\_\_

MAC Address: \_\_\_\_\_

Building & room: \_\_\_\_\_

Network Jack Label: \_\_\_\_\_

What does it do?: \_\_\_\_\_

Vendor contact (if applicable): \_\_\_\_\_

(name, phone, email)

- Create an external DNS entry for this host. (Internal DNS entries will always be created)

- I am requesting an internal wireless survey in building \_\_\_\_\_, room \_\_\_\_\_.

- I have an alternate request \_\_\_\_\_.

- By submitting this form, I agree to abide by the ETSU Information Technology Code of Ethics (PPP-44), found at <http://www.etsu.edu/humanres/relations/procedures.aspx> and further agree that accessing ETSU computing resources and using my assigned user identification and/or password gives ETSU permission to review, by any method it deems appropriate, any and all material I store on any system owned, operated and/or maintained by ETSU in order to protect the integrity and security of the system.
- By submitting this form, I acknowledge I have read and understood the ETSU Firewall Policy, found at <http://www.etsu.edu/oit/policies/default.aspx>

Signature of Applicant

Date

Signature of Chair or Supervisor

Signature of Dean or Vice-President

Date

Printed name of Dean or Vice-President

Signature above indicates acknowledgement that the requested access increases potential risk of security breach.

All signatures, printed names and dates are required.  
Faxed versions of this form will not be accepted.