

Remote Access Request Form

ETSU Office of Information Technology

424 Roy S. Nicks Hall, Box 70728

Johnson City, Tennessee 37614

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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 Remote Desktop Gateway (RDG/RDP) access for this user account: _____

I am requesting Virtual Private Network (VPN) access for the following user account*†:

Account username: _____

Effective Date (required): ___/___/___ Expiration Date (required): ___/___/___ (12 months maximum)

I have attached a letter of justification (required).

† For Vendor accounts, please attach vendor contact information including vendor, employee name, phone number, and email address.

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 agree to abide by the ETSU Telecommuting Policy Statement for Non-Faculty Employees (PPP-73), found at <http://www.etsu.edu/humanres/relations/procedures.aspx>.
- By submitting this form, I acknowledge I have read and understood the ETSU Remote Access 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.

Human Resources Approval (signature)

Date

Printed name of Human Resources Representative

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