

Network Security Request Form

Information Technology Services
424 Roy S. Nicks Hall, Box 70728
Johnson City, Tennessee 37614
(423) 439-4648 • oithelp@etsu.edu

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	_____	School / College	_____
Title /Position	_____	Department / Office	_____
ETSU Email Address	_____	Supervisor	_____
ETSU Phone Number	_____	Supervisor Title	_____
Campus Box Number	_____		

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.**