

Remote Access Request Form

Information Technology Services
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	_____	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 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
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Signature of Dean or Vice-President	Date	Printed name of Dean or Vice-President
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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
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**All signatures, printed names and dates are required.
Faxed versions of this form will not be accepted.**