



Alverno College Staff/Faculty Campus Network VPN ACCESS REQUEST FORM

INSTRUCTIONS:

- ✓ Completion of this form is required for use of the Alverno College VPN.
- ✓ Any VPN user must already have an Alverno College campus network account.
- ✓ Complete this form and return via email or to the Tech Services mail drawer.
- ✓ A copy of this form will be sent to your Manager/Supervisor/Department Chair.
- ✓ Accounts that are inactive for one month may be disabled.
- ✓ Accounts of employees who are terminated or leave the college will be disabled immediately after their last day of work.
- ✓ Contact the Tech Services Help Desk (Ext. 6700) if you have questions.

REQUIRED INFORMATION – PLEASE PRINT:

First Name: _____ Middle Initial: ____ Last Name: _____

Department: _____ Extension: _____ Room #: _____

User Name: _____ What operating system and version do you have on your computer
(i.e., Windows 7, Mac OSX)? _____

Reason for requesting VPN (for what uses): _____

Manager/Supervisor/Department Director/Division Chair's Name: _____

PLEASE READ AND SIGN:

- ✓ I understand that my login name and password for VPN access will be the same as my network login name and password.
- ✓ I agree that this login name and password will not be shared with anyone, for any reason, and that I am ultimately responsible for their protection.
- ✓ I understand that, on an annual basis, I will be asked for, and agree to provide, proof of anti-virus coverage on any and all devices used to access the VPN.
- ✓ In addition, I have read the Alverno College Technology Use Policies and understand that failure to comply with them may result in loss of network privileges and/or disciplinary action up to and including discharge.

Signature: _____ Date: _____

ACCOUNT INFORMATION: FOR TECH SERVICES USE ONLY

Account Created by: _____ on (date): _____

Copy to: Manager/Supervisor/Department Director/Division Chair