



## Faculty & Staff - Access to VPN at SCSU

"State Owned devices ONLY"

### Requestor Information

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_

Building and Room Number: \_\_\_\_\_

Computer Info **Required**:

☐ State-Owned computer ☐ Asset Tag (Property of the State of MN tag) \_\_\_\_\_

Purpose of Access:

---

---

---

Duration of Access: From (Date): \_\_\_\_\_

To (Date): \_\_\_\_\_

*Note: Access will be re-verified every fiscal year ending June 30th.*

*As an employee of St. Cloud State University, I understand it's my responsibility to reduce the risk of unauthorized access by practicing the following security best practices: Run current antivirus, install critical software updates, not setting my VPN connection to auto-login, not allowing others (i.e., family & friends) to use this connection and not connecting with a computer which I am not familiar with (i.e. hotel computer lab, neighbors laptop, etc.)*

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions: Please fill out this form and send to ITS Director, Miller Center room 112.**

ITS Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Security Approved: \_\_\_\_\_