Florida A&M University
Virtual Private Network (VPN) Request Form

- If you require assistance completing this form, please contact ITS Networking at (850) 599-3560
- When completed, please return this form to ITS (Fax: 850-561-2292) or email: janice.love@famu.edu
- **Please allow 7 business days for processing**

1. VPN Request Type

Place an "X" or check in the appropriate box.

Request Type:	☐ New VPN Request
	☐ VPN Change Request
	☐ VPN Deletion Request

Request Date:	

2. Requester/Sponsor

Request for access must be initiated by user's supervisor, manager or division director: (Print)

Supervisor:		Department/Company:	
Phone:		Email:	

3. User Information

The company and affiliation sections need only be filled for remote users who are not employed by FAMU.

User Name:		Department/Company:	
Title:		Affiliation:	
Phone:		Email:	
Office Location:		9 digit PeopleSoft ID:	

4. Purpose of the VPN

Please answer the following questions about the purpose and criticality of the remote access you have requested.

Resource	Justification (Please Provide a detailed description)

5. Systems/Applications to be accessed

Please list each system and port number that needs to be accessed.

IP Address	Port/Service	Function	System Owner Approval Signature

6. Required Signatures

Supervisor: _____ **Date:** _____

User: _____ **Date:** _____

Area Vice President/Dean: _____ **Date:** _____

ITS use only

ITS USE

☐ **Approved** ☐ **Denied (iRattler Access)**

iRattler Security Admin: _____ **Date:** _____

☐ **Approved** ☐ **Denied**

Network Security Admin: _____ **Date:** _____

☐ **Completed** **Date:** _____