Information Technology
The University of Montana

Work Order #:_____
(for IT use only)

Remote VPN Access Request Form
(Faculty and Staff use only)

Use this form to request access to The University of Montana-Missoula's **remote VPN network.** You must be a University faculty or staff member to access the VPN network remotely. You will be notified via e-mail within 48 hours of your account name and password.

Please bring your completed form, along with your University ID card to IT Central Social Science 120.

Applicant's Information (please PRINT clearly):

Name: _____ **Phone:** _____
Last **First** **MI**

Department: _____

Campus E-mail: _____

UM ID Number: _____ **NetID:** _____

Status: ☐Faculty ☐Staff Other: _____ **Campus:** _____

Operating System: ☐Windows ☐Solaris 2.6, 7 ☐Solaris 8 ☐Mac OS x ☐Linux

Please provide a *detailed* explanation of VPN need and how it cannot be met otherwise:

_____

_____

_____

_____

By signing this form I state that I have read the University's acceptable use policies http://mus.edu/borpol/bor1300/bor1300.asp and agree to use this account according to those policies. I accept full responsibility for its use. Additional restrictions may apply.

Applicant's Signature:_____ **Date**:_____

Dean/Director Printed Name: _____

Dean/Director Signature:_____ **Date:**_____

Dean/Director E-mail: _____

For IT internal use only:

	Department	Completed By	Date:	Comments
Griz Card of Deliverer	IT Central			Deliverer name:
Banner Status	Operations			
ID Problems	Oper/IT Central			
Active directory	Sys Admin			
ACS/VPN	Networking			
Notified	IT Central			
Filed	Operations			

VPN Account Name: _____