



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: _____