

Application/Re-Authorization for VPN (Virtual Private Network) Service

Please fill out all of the items below and submit a signed copy to the Helpdesk located in 2A-306D

By signing this application, I understand and agree to [The College of Staten Island VPN policy](#) in combination with the [CUNY Acceptable Use of Computer Resources](#) policy.

Access Required: (check one) Internal Use Only (on-campus) ___ External Use Only (off-campus) ___ Both ___

Re-authorization: (check one) Yes ___ No ___

1. Applicant (who will be using the service): _____

2. Phone Number: _____ Date: _____

3. Email Address: _____

4. Applicant Signature: _____

5. Supervisor/Chairperson: _____
print signature

6. Vice President/Dean Signature: _____
print signature

Do you need access to your office computer* from off campus? (check one) Yes ___ No ___

If yes, is your office computer a: (check one) Mac ___ PC ___ **(check One)** Laptop ___ Desktop ___

** (having access to your office computer will also give you access to all resources (office shares, files, etc) on your desktop from off campus)*

Please provide a brief description of business need for VPN service:

-----do not write below this line-----

The Chief Information Officer and the Senior Director of Networking Services at the College of Staten Island must approve in writing all requests for remote access capability.

Signature: _____ Date: _____

Signature: _____ Date: _____