

Request for VPN Access

Date of Request _____

			Emp	loyee Informat	ion		
Emplo	yee Signature:				Office Phone #		
Emplo	yee Name:						
		(F	Please Print)	Last		First	M.I.
Emplo	yee Email addres	ss:			Date of Hire:		
				_			
Title: _				Department:_		Room #	
VPN re	equired for:						
	Colleague			Remote Desktop	□ Network Drives	☐ Other Please describe	2:
VPN to	be installed on:	(Check all tha	t Apply)				
	Work Laptop		Home PC		PC(Windows)	□ Mac	
	Work Euptop		riome r c		r c(willdows)	Wide	
Must b	e signed by Dep	artment Head:					
			(Print	: Name)			
			Department I	Head Signature			Date
					nail <u>vpnit@rwu.edu</u> , by	y Interoffice mail, or di	rect drop-
approv	rea you will be co	ntacted to scne	dule installa	tion of the VPN clie	ent		
			Inforr	mation Techn	ology Approval		
				nation recim	ology Approval		
Annro	ved by:		Tie	tle:			
Approv	veu by	(Print Name		ue			
Signati	ure:					Date:	
	RWU □	Academics			SysAdmin Initials	Date:	
	_coll	_vpn					

^{**} For issues regarding VPN use please contact MediaTech by emailing mediatech@rwu.edu or by calling 401-254-6363