



ITServ

Request for VPN Access

Every field is mandatory

Name: _____ ID: _____ Tel: _____

School/Department/Unit: _____ Email: _____

Period Request From: _____ To: _____ (max. 6 months)

⇒ IP and MAC Address(es) of clients to be allowed

IP: 203.159.
MAC:

⇒ IP Address of outside VPN server you will connect to _____

⇒ Protocol Details PPTP L2TP IPSEC OTHERS _____

⇒ Name of VPN client program: _____

Purpose:

Requestor's Signature: _____ Date: _____

Approved by

For Faculty/Staff by Dean/Unit Head, For Students by Academic Advisor

Name: _____ Title: _____

Signature: _____ Date of Approval: _____

For ITServ only

Approved by:

Name: _____ Signature: _____ Date: _____

Job Completed by:

Name: _____ Signature: _____ Date: _____

Doc. No: _____