

VPN Access List Approval Form

(For City of Albuquerque Personnel Requesting VPN Access only)

Name Requesting Access (First, Middle, Last)

Work Phone #

Employee number

Date requesting access

Department Name

Department #:

Purpose of access:

I, _____ have read and agree to the terms and conditions outlined in the VPN terms and conditions policy. I agree that if I abuse these terms and conditions that I will lose privileges to VPN access and possible discipline actions may result.

Signature:

Date:

(Supervisor)

Name

Title

Phone #:

Employee number:

Dept. Number:

I have read the terms and conditions for VPN access and agree that the above employee requires VPN access for the reasons stated above.

Signature:

Date:

=====

ITSD Network Manager or authorizing personnel:

Signature:

Title:

Date:

Approved ____ Deny ____ access to the VPN.

(For Contractor/Vendor Requesting VPN Access)

Employee requesting access: (First, Middle, Last) _____ Employee telephone #: _____

Company Name _____ Phone #: _____

Location _____

Supervisors Name _____ Title _____ Phone #: _____

How long will access be required _____ CABQ Personnel Authorizing this access / Phone #: _____

Purpose for requesting access:

I, (_____) have read and agree to the Terms and Conditions outlined in the VPN terms and conditions policy. I agree that if I abuse these terms and conditions that I will lose privileges to VPN access and possible discipline actions may result.

Name: _____ Signature: _____ Date: _____

Supervisors Name: _____ Signature: _____ Date: _____

=====

ITSD Network Manager or authorizing personnel:

Signature: _____ Title: _____ Date: _____

Approved ____ Deny ____ access to the VPN.

VPN Group Name _____

User Name _____