

BHSU Remote Access Application

Employee Information

Employee Name: (Last, First, Middle) _____ Date: _____ Time: _____
Employee's Phone: _____
Department: _____ Office Location: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Supervisor's Signature _____ **(Supervisor's signature is required for approval.)**

Employee Status (Please select one of the following.)

Faculty Adjunct or Rapid City Area Staff Other _____

Reason for Remote Access: (Please describe type of access you are requesting. List applications you need to access remotely.)

Description: _____

Applicant's Signature (The applicant's signature is required.)

By signing this document, I signify that I have read, understand, and agree to abide by SD BOR Information Technology Appropriate Use Policy ("AUP") and BHSU's Remote Access (VPN) Policy. This policy is located in the employee handbook and can be viewed at <http://iis.bhsu.edu/ncs/accountinfo/SDBORpolicy.cfm>. Please see http://iis.bhsu.edu/ncs/policy/vpn_policy.cfm to view BHSU's Remote Access (VPN) Policy. ****To gain access to BHSU Network resources, a State issued computer must be used, no personal workstations are permitted.****

Applicant's Signature: _____ Date: _____

For Network & Computer Services Use Only

VPN Group Name: _____
Notification given by: _____ Date: _____ Time: _____

Please return this form to: Network & Computer Services

Incomplete forms will be denied access. Please allow three business days for access configuration. Direct any questions regarding your application for remote access to Network & Computer Services at 642-6580. Return form to NCS Unit 9665, Library 007, or fax to 642-6222.