Louisiana Community & Technical College System

Changing Lives, Creating Futures

REQUEST FOR VIRTUAL PRIVATE NETWORK (VPN) ACCESS

ACTION:
- ☐ New Access
- ☐ Delete Access
- ☐ Temporary Access
  End Date:_____

This form must be completed in full with all signatures required for access actions, including the user, the user's immediate supervisor, and the Institution's IT Director. Each individual should retain a copy of this form. When the form has been completed, please fax it to the LCTCS IT Department, Attn: Vonita Scott at (225) 922-0789. Call our helpdesk at (225) 408-1870 if you have any questions about this form.

Name (Please Print): _____ **Institution / Campus:** _____ **District #:** _____

Title: _____ **Work Telephone:** _____

E-mail Address: _____ **Last 4 Digits of your Social** (To verify your identity): _____

Supervisor's Name: _____ **Supervisor's Telephone:** _____

Operating System:	☐ Windows 98	☐ Windows 2000	☐ Windows XP	☐ Macintosh	☐ Other
Internet Access Type:	☐ Dial-Up	☐ DSL	☐ Cable modem	☐ Other	

Type of Access Required:	
Permissions:	☐ User ☐ Administrator

Other Comments: _____

I understand that my User ID and password are my personal identification and provide permissions to valuable data and automated resources. As the owner of my User ID, it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. I understand that any use of my User ID is monitored and that I am accountable for how it is used.

Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Authorization to Assign User ID

(To be completed by the Institution's IT Director)

I verify that the individual whose name appears on this form is currently employed at the agency named above. By signing this form, I am authorizing and verifying that this employee requires the access indicated on this. I understand that should this person leave his/her position or be assigned to another duty that I am to contact the LCTCS Security Office within one working day of the employee's change in status.

Name (Please Print): _____ **Telephone:** _____

Signature: _____ **Date:** _____

LCTCS Security Office Use Only:

User ID: _____ **Date:** _____

Signature: _____