



VPN Account Request Form

PLEASE PRINT LEGIBLY - ALL PARTS MUST BE COMPLETED

Remote Support User's Full Name: \_\_\_\_\_

CSU ID: \_\_\_\_\_ User Name: \_\_\_\_\_

Title: \_\_\_\_\_ Extension: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Detailed description of how  
 the VPN Account will be  
 used

I, the undersigned, have provided correct information with no errors, misrepresentations, or omissions. I will only use this VPN account for legal and authorized purposes and only on the behalf of Chicago State University (CSU). I will notify CSU, as soon as reasonably practical of any change in the information that would make the VPN account misleading or inaccurate. Furthermore, I will notify CSU Information Security Staff immediately of any suspected or actual compromise of the Applicant's account and request the revocation of such VPN account and immediately cease to use the account. I further understand that I must adhere to all CSU Information Technology Rules, Policies, and Regulations and that ignorance of or failure to comply with CSU Rules, Policies, and Regulations will be referred to local, state, and federal authorities for prosecution.

Remote Support User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Department Fiscal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

for ITD use only

ITD Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account Activation: Begin: \_\_\_\_\_