



**Vendor VPN Account Request Form**  
PLEASE PRINT LEGIBLY - ALL PARTS MUST BE COMPLETED

**Remote access accounts are valid for three months and must be validated with a new form.** Completed forms must be submitted to ITD two weeks prior to being granted remote access on Chicago State University's network. Failure to submit the form quarterly will result in revocation of remote access rights.

**Remote users must only use Chicago State University's SSL VPN to access our network.**

Reinstating Account If reinstating account, enter user name \_\_\_\_\_

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

CSU Contact Person: \_\_\_\_\_

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

Detailed description of how the VPN Account will be used

Onsite System Name: \_\_\_\_\_ OnSite System IP Address: \_\_\_\_\_

Onsite System Name: \_\_\_\_\_ OnSite System IP Address: \_\_\_\_\_

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

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

Remote Support User's Telephone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Remote Support User's IP Address: \_\_\_\_\_

Remote Support User's Company eMail Address: \_\_\_\_\_

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 Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Department Chair/VP/Pres: \_\_\_\_\_ Date: \_\_\_\_\_

for ITD use only

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

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