



VPN Account Request Form

PLEASE PRINT LEGIBLY - ALL PARTS MUST BE COMPLETED

Remote Support User's Full 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: _____