VPN Request Form

Bowie State University
Last revised: 04/13/2018

Prerequisites

The Requestor must have a Bowie State Network account.

Instructions

1. **Requestor (Remote User)** - Please fill out this form completely. Incomplete forms will be returned and fulfillment of your request will be delayed. Forward the completed form as an email attachment to your Authorizing Supervisor for their approval.
2. **Authorizing Supervisor (Sponsor)** – if you approve, forward this completed form as an attachment to helpdesk@bowiestate.edu with subject as VPN Request Form.
3. **Helpdesk Support Team –** Create ticket for IT Security Team, category: Security. Remote Access, unassigned, and attach this form to the ticket for their review.
4. **IT Security Team –** Review ticket and approve or disapprove access. Forward approved tickets to Systems Engineering Team for execution.
5. **Systems Engineering Team –** Check that ticket has VPN form and enough information, add the user to the SSL VPN remote access group, and close the ticket.

1. Contact Information

The Company and Affiliation sections need only be filled in for remote users who are not part of the Bowie State University. The Sponsor must be a member of the Bowie State University and should be at the manager, director, or department head level.

	Requestor (Remote User)	**Authorizing Supervisor (Sponsor)**
Name:		
Title:		
Dept:		
Phone:		
Email:		
Company:		
Affiliation:		
Access Until:		

Note: For temporary VPN access, Sponsor should please specify end date in *"Access Until"* otherwise form will not be processed.

2. Purpose of the Remote Access (To be completed by Requestor)

Please answer the following questions about the purpose and criticality of the remote access you have requested.

Question	**Answer**
What is your Bowie State account name. This is usually your Bowie State Network ID and your email address.	
Please describe in general terms the purpose of this remote access, or the activities to be performed.	
Does this activity support official business functions of your department?	
Is this activity critical to your department?	

Are there feasible alternatives to remote access to achieve the same goals?	
Are the functions to be performed part of the remote user's official job role?	

3. Systems/Applications to be Accessed

Please fill in a row for each system that will be directly accessed by the remote user. Add additional rows if you need them. Provide the details to items listed below of the system you are trying to remote into.

IP Address	Hostname	Function	System Owner Approval Granted?

4. Remote Device Security Requirements - Disclosure (To be completed by Requestor)

Bowie State security policy, in conformance to the USM IT Security Standards, sets minimum security criteria for all PCs that attach to Bowie State networks.

Please answer the following questions regarding the security of the device (e.g. laptop, desktop, etc.) you will be using to connect to the Bowie State University network.

Question	Answer
Are strong passwords enforced for all accounts capable of logging into the remote device?	
Is the sharing of passwords strictly prohibited?	
Can the operating system distinguish between privileged administrative accounts and normal user accounts?	
Is administrative access granted only to individuals who need it to perform official job functions?	
Do users with administrative accounts also have normal user accounts which they use for all non-administrative functions?	
Are the operating system and applications kept up to date with service packs and security patches?	
What operating system and service pack are installed on the remote computer?	
Have unnecessary network services been disabled or uninstalled?	
Has the system logging been configured to record security events such as logon/logoff, failed access attempts, shutdown/startup, and changes to logging parameters?	
Is the device protected by active IP filters or firewalls?	
Is the device protected by active anti-virus software that updates its virus definition files at least daily?	

5. Account Sponsor Statement of Acceptance (For Sponsor Only)
The information provided in this request form is accurate to the best of my knowledge. I understand that providing access to remote users and devices exposes Bowie State to certain security risks. I accept responsibility for the risks imposed by the remote users I sponsor. I agree to notify the Bowie State's IT Security Team when this account is no longer needed so that the remote access can be disabled. I will also notify IT Security Team if I become aware of any security problems or threats related to this remote user.

Sponsor Signature _____ Date _____