

VPN Access Request Form (Non-Employees Only)

Purpose: This form is used to request access for systems and resources within FBISD network. The Information Security Team will evaluate information contained in this form and access will be granted based on need. This evaluation process takes up to two-business weeks to determine if there are any security risks and to obtain the necessary authorization to complete this request.

VPN access will be granted to specific resources within the Fort Bend ISD network for a term up to 6 months. The default term of access is 3 months. *Terms can be renewed after a review.* Forms submitted without terms or missing information may delay the approval process.

This information must be filled out accurately and completely to satisfy documentation requirements.

Applicant Info*		
Last Name:	First Name	
Email:	Phone:	
Company Information*		
Company Name:	Company Phone:	
Name of person applicant report to:	Phone # of person applicant report to:	

Fort Bend ISD Sponsor Information*			
Last Name:	First Name:	Department:	
Phone:	Email (If different from FBISD e-mail):		

Resources Required*		
Resource Description:	Duration of access (3, 6 months):	
(What do you need access to?)	(How long do you need access?)	



Destination Resource:		
Server Hostname (eg): someserver.fortbendisd.com	IP/port(eg):10.1.1.1/80	
Server Hostname:	IP/port:	
What application or Tool Will you use to connect to FBISD	Resource?	

General Rules

The use of remote access services (*e.g. LogMeIn, GoToMyPC, peer-to-peer networking, etc.*) is prohibited unless otherwise approved by FBISD IT representatives. It is critical that your computer has the most recent security patches for your operating systems (*visit <u>http://update.microsoft.com</u> for windows OS or <u>http://www.apple.com/support/downloads/</u> for MAC OS*), anti-virus software installed with latest definition file and updates. Your computer also must be free of spyware and other malicious applications. VPN access may be revoked at any time without notification.

I certify that the computer I use to connect via VPN has the most recent operating system updates, has been checked for spyware, and has a regularly updated anti-virus package installed and I will continue to keep these things maintained. I understand that I must adhere to the FBISD Acceptable Use Guideline (AUP). I also acknowledge that I am required to notify my FBISD account sponsor when VPN access is no longer needed or at which time contract(s) or agreement(s) has expired or null and void, I will notify my FBISD account sponsor within 24 hour.

Applicant Signature	Date
Applicant Supervisor Signature	Date
District Sponsor Signature	Date
Director, Information Technology Services	

(Please e-mail completed form to Support@fortbendisd.com)

(* = Required Field)