



## Remote Access Request Form

(Complete form only if requesting access for university sponsored non-employee such as a contractor, consultant, or auditor)

### Remote Computing Access Policy:

All individuals accessing CSULB confidential or internal use data from a non-campus location, or transporting such data off-campus on electronic devices must do so using the campus' Virtual Private Network (VPN). VPNs provide secure communications through the public internet. ITS provides VPN service to secure remote access to campus network using public internet to carry the traffic.

Requestors are required to read and agree to the campus [Remote Computing Access Policy](#) and [Remote Computing Access Procedures](#) online.

I have read and understand the Remote Computing Access Policy and Procedures

### Part I: Request

#### Requestor / User

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Department or Company Name \_\_\_\_\_ Phone/Extension \_\_\_\_\_

Describe Purpose of Remote Access

Describe resources needed (Network Drives, Printers, etc.)

Access Period\* Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

\*Unless specified, end date will default to four weeks from the begin date. Date extensions must be submitted to Desktop Support by submitting a new Remote Access Request Form and following the same instructions in Part III.

#### Management Sponsor

Management Sponsor can be an ASM or Director of the department requiring the non-employee remote access.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Department or Company Name \_\_\_\_\_ Phone/Extension \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Title \_\_\_\_\_

#### Technical Sponsor

Technical Sponsor is the IT Coordinator for the department requiring the non-employee remote access.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Authorizing \_\_\_\_\_ Title \_\_\_\_\_



## Part II: Authorization (Internal ITS Use Only)

### ITS Approval to Create Account

Approved     Denied    Date Created \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Assigned Credentials \_\_\_\_\_

## Part III: Process for Submitting Request

Please complete this form electronically by completing all relevant fields in Part I. Print out the completed form and obtain signatures. The form can then be submitted to ITS using the following methods:

- If you are a college/department technical coordinator with access to submit support requests, please open a [Footprints ticket](#) and include this completed and signed form as an attachment.
- If you are a management sponsor, to submit this request you can:

Scan and email the form to [ITS.DSG@csulb.edu](mailto:ITS.DSG@csulb.edu) using the subject line "Remote Access Request."

Fax the form to the attention of ITS Desktop Support to 985-8855 using the subject line "Remote Access Request."

Hand deliver or mail to ITS Desktop Support located in Brotman Hall 188, mailstop 0101.

Your request will be reviewed for approval. Requests are expected to be fulfilled within 5 business days upon receipt of a completed form. Notification and instructions for obtaining remote access will be provided to the requestor at that time.