



Application for Virtual Private Network Access (VPN)

Name: _____
(Print Full Name)

Department\Company: _____

Date: _____

ACES ID: _____

Campus: _____

Temporary Agreement

Permanent Agreement

Justification: **(Required)**

Applicant Signature: _____ **(Required)**

Chairperson/Director/Dean Approval: _____ **(Required)**

****Please route all approved applications to the attention of the "VPN Team" if you are a district employee requesting access. Campus employees submit your request to your respective campus IT department.**

For more information regarding VPN or Administrative Equivalent Access please contact your College IT Department or District IT Department Helpdesk. The numbers are listed below:

SAC (210) 486-0777	NVC (210) 486-4777
SPC (210) 486-2616	PAC (210) 486-3777
NLC (210) 486-5777	District (210)485-0555

Note **Signature of this form does not ensure Virtual Private Network Access; research will be done to determine if Virtual Private Network Access is appropriate.

IT Use Only

Date Implemented: _____

By: _____