



## Employee VPN Request Form

### Requestor

Name \_\_\_\_\_ CSU ID \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Requestor's Supervisor

Name \_\_\_\_\_ CSU ID \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Reason for requesting VPN Account

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ OR  Until separation from university

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Instructions

Please complete this form, obtain the proper signatures, and forward to IS&T Security, RT1104, or scan completed form and email to [security@csuohio.edu](mailto:security@csuohio.edu) for processing.