



VPN Firewall Access

New Mexico State University

Use this form to request firewall bypass authorization for remote access to firewall protected systems.

Instructions: Complete the Request Date and Required By Date, Hardware/Connection Information, and Reason for Access sections. Sign and date the form. Return the completed form to the Chief Security Officer (CSO) at: Computer Center Building, P.O. Box 30001, MSC 3AT, Las Cruces, NM 88003-8001. You will be contacted when access is approved.

Access privileges granted herein will be reviewed twice yearly by the CSO, CIO, or designee.

Request Date (mm/dd/yy): _____

Required By Date (mm/dd/yy): _____

Employee Information

Employee Name: _____

Employee ID No.: _____

Employee Title: _____

Employee Department: _____

Email Address: _____

Phone No.: _____

Reason for Access

Signatures

Date

Signature: Employee

Name: Supervising VP (print)

Date

Signature: Supervising VP

Name: Chief Security Officer (print)

Date

Signature: Chief Security Officer

Name: Chief Information Officer (print)

Date

Signature: Chief Information Officer (print)

The review date, reviewer initials, and comments must be recorded below:

Review Log (ICT/Audit use only)

Date	Initials	Comments	Date	Initials	Comments	Date	Initials	Comments