

VPN ACCESS REQUEST FORM

To be completed by the user requesting To request authorized access, this document must be fully completed and signed by you, your manager and IT Deanship approval authority. Access (Please check one)							
□New Access	□New Access □Terminate Access				□Change Access – Reason		
Access Type (Please check all that apply)							
□Permanent □Temporary From To							
Employee Access (Please check one)							
□Faculty	□Guest	□Staff □Stude	ent	□Other			
SPECIFY WHY DO YOU NEED VPN ACCESS							
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Please be informed that your VPN Access is only valid until 31st December of every year. You are required to resubmit the application form to us if you want to continue using the VPN Access.							
Requestrer Information							
Full Name	Τ	Reque		bb Title / Position			
Department/				ocation			
Organization							
Employee ID			IC) Number			
Mobile Number			0	ffice Phone/ Ext.			
Email							
Administration Information							
Full Name			1-				
Job Title / Position			0	ffice Phone/ Ext.			
Email							
I have read and understand the Umm Al-Qura university – Information Technology Deanship Security Policy and Procedures and I agree to fully comply with these policies. I understand the failure to adhere to these policies can result in revocation of access privileges .							
Requestor's Signature:			R	Requestor's Manger's Signature:			
IT Dean Appr	oval:						
Dr. Majed Algethami / Dr. Saud Alotaibi:				Dated :			
The information Security Office will review your Access Request. You will be contacted if additional information is required. Once the review is complete, you will be notified by email. Information Security Office reserves the right to change access policies, privileges and to revoke access to the area(s) at any time for any reason, without prior notification to ensure the safe and secure operation of the University's Information Technology Deanship. For Office Use Only							
Processed By:	y			Date:			
Reviewed By:				Date:			

Email: secdept@uqu.edu.sa Phone: (02) 5501000 Ext.6255