

# Old Dominion University

## Administrative Application Remote Access Account Request

Return to the Computer Security Group in the Office of  
Computing and Communication Services, E & CS building, Room 4300, Fax: 683-5155

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Last Name:  
First Name:  
Budget Code:  
University ID Number:  
Phone Number:  
Reason for VPN ACCESS:

### Administrative Application Remote Access Acceptable Usage Statement:

Access to the Web Proxy Virtual Private Network (VPN) is a privilege that may be granted to specific employees and third parties of Old Dominion University contingent upon its responsible and prudent use. Web Proxy VPN access is granted to a single person and may not be shared with others. Any use of the Web Proxy VPN must be in accordance with the University's Acceptable Usage statement.

By signing below I acknowledge that there is a signed Acceptable Usage Statement on file with the Office of Computing and Communication Services, and this form does not supercede the standard Acceptable Usage Statement. Further, I affirm that I will abide by additional security regulations established here.

1. It is the responsibility of users who are using Web Proxy VPN technology to ensure that unauthorized use or users are not allowed access to the applications.
2. All computers connecting to the web-based administrative applications via the Web Proxy VPN must be configured with up-to-date anti-virus software, operating system updates, and active firewall software.
3. Users will be automatically disconnected from the Web Proxy VPN after thirty minutes of inactivity. Users may logon again to reconnect to the applications. Pings or other artificial network processes are not to be used to keep the connection open or active.
4. Web Proxy VPN connection time is limited to an absolute continuous connection time of 9 hours. Users may reconnect if necessary.
5. Periodic audits of Web Proxy VPN access may be conducted by OCCS to verify that the actual user connected to the Web Proxy VPN, and their account has not been compromised.
6. Should I become aware that University information assets have become compromised through remote access, I will disconnect from the system and notify OCCS.

**Requestor's Name (printed)**

**Signature**

**Date:**

**Budget Unit Director's Name (printed)**

**Budget Unit Director's UIN:**

**Budget Unit Director's Signature**

**Date:**

I authorize access to the Administrative Application Web Proxy VPN for the user identified on this form.

I understand that it is my responsibility to notify OCCS when this applicant's employment terminates and no longer requires access to these systems.