



VPN ACCESS REQUEST FORM (for Vendors/Consultants).

***** Request on behalf of External Vendor: Yes No *****

Section I – Requestor’s Details.

Last Name : _____ First Name : _____
 Employee ID # : _____ TSU Email address : _____
 Title/Position : _____ TSU Phone # : _____

Section II – Request Details.

- a. This VPN Access Request is made on behalf of:
- ✓ Company : _____ Request Date : _____
 - ✓ Contact Person : _____ Expiration Date : _____
 - ✓ Phone : _____ Email Address : _____
- b. This Request is for the following:
- ✓ I am requesting VPN Access to the TSU Network for the following user account:
 - Account Username: _____ Start Date: _____ Expiry Date: _____
 - ✓ I am requesting VPN Access in order to remotely access the following (Server Name/application/IP Address):
 - _____ _____ _____

Section III – Signature & Confidentiality Agreement.

The following confidentiality agreement apply to all requests: I understand that while performing certain assignments, I may come into contact with confidential and proprietary personal information regarding Texas Southern University and/or its employees, students or regents. I understand that it is important to safeguard the confidentiality of this information and therefore agree as follows:

1. **Confidential Information** - I agree that both during and after my contract with Texas Southern University:
 - a. I shall keep secret all confidential & proprietary information and not reveal or disclose it to anyone unless required by a University official to do so.
 - b. I shall not make use of any of such confidential & proprietary information for my own purposes or for the benefit of anyone other than the University;
 - c. I shall deliver promptly to the University, upon completion of the assignment, any documents (and all copies thereof) constituting or relating to such confidential and proprietary information, which I may have in my possession.
2. **Enforcement:** I acknowledge and agree that any breach of this Agreement by me will cause harm to the University and/or its employees, students or regents. I agree that if I commit a breach of any of the provisions of this Agreement, the University shall have the right to take disciplinary action against me and to otherwise enforce this Agreement.

 Applicant Signature Date TSU Contact Signature TSU Contact Name Date

OIT – Request Completion Details

Request Status: Approved Denied

Request # : Completion Date : Approved by: Completed by:

*Please complete this form by filling in all required information. Print the form, provide signatures, and email the form to **TSUITsecurity@tsu.edu**. Requests will NOT be processed if signatures are not provided.*