



Request for Remote Desktop Access

Route to Office of Information Security in Information Technology Division

Submission Date: _____ Applicant: _____

Requesting Dept: _____ Office Phone Number: _____

Office Location: _____ Email Address: _____

Emergency Number: _____

Inventory Control # (Red VSU Sticker) or IP Address of Office Computer: _____

This computer contains sensitive and/or confidential data	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Sensitive Data		
This request is being made to support the mission and goals of the institution and/or University System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have read and agree to abide by the institution's Acceptable Use policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have read and agree to abide by the institution's Information Security policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This computer is critical to the mission of department	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Continuity and Disaster Recovery measures are in place and tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This computer is backed up on a regular basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional assistance is requested for external connections	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I am making the above request in an effort to promote the mission and goals of Valdosta State University and/or the mission and goals of the University System of Georgia. By making this request, I understand that I am responsible for ensuring that all software is kept patched and secured to the best of my ability. Furthermore, I understand that if the hosting computer poses a threat to the remainder of the campus computers or equipment, the office of Information Security may remove the computer from the network until the threats no longer exist.

Applicant's Signature: _____ Date _____

Immediate Supervisor's Approval: _____ Date _____

Information Security Approval: _____ Date _____

Office of Information Security
Information Technology Division

Location Pine Hall Room #153 **Address** 1500 N. Patterson St • Valdosta, GA 31698-1095

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