



## Request for Remote Desktop Access

Route to Office of Information Security in Information Technology Division / security@valdosta.edu

Submission Date: \_\_\_\_\_

Requesting Dept: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Location: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

This computer connects to sensitive and/or confidential data	Yes	No
Type of Sensitive Data		
This request is being made to support the mission and goals of the institution and/or University System	Yes	No
I have read and agree to abide by the institution's <a href="#">Information Technology Acceptable Use policy</a>	Yes	No
I have read and agree to abide by the institution's <a href="#">Information Security policy</a>	Yes	No
This computer is critical to the mission of the department.	Yes	No
Business Continuity and Disaster Recovery measures are in place and tested.	Yes	No
Data is stored where it is backed up and not on the computer desktop or hard drive.	Yes	No

**Please list all individuals who need access through remote desktop on the following page.**

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.

Immediate Supervisor's Approval: \_\_\_\_\_ Date \_\_\_\_\_

Information Security Approval: \_\_\_\_\_ Date \_\_\_\_\_

