

Northern Ohio Educational Computer Association Firewall Authorization Form

Date: _____ District Name _____

Requestor's Name: _____

IP Address: _____ Port: _____

Software: _____

Project or Vendor Name: _____

Project or Vendor Contact Name: _____ Phone: _____

Length of time for port to be opened From Date: _____ To Date: _____

Reason for Request: _____

Requestor's Signature: _____ Date: _____

Tech Coordinator's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Due to NOECA's network firewall security, the outside world connectivity to/from the desktop is limited. In order to bypass the NOECA firewall, the above information is required. Valid reasons for circumventing portions of this security are required.

Signatures constitute approval at the district level

Please return to:

NOECA
219 Howard Drive
Sandusky, Ohio 44870
PH: 419.627.1439 FAX: 419.627.5608

NOECA USE ONLY:

Conduits: _____
TCP Ports: _____ **UDP Ports:** _____
Initials: _____
Notification Contact: _____ **Notification Date:** _____