Northern Ohio Educational Computer Association
Virtual Private Network "VPN" Authorization Form

Date: _____ District Name _____

Requestor's Name: _____

VPN User Name: _____

VPN User E-Mail Address: _____

Access IP Addresses and/or Range: _____

Outside Access Workstation Operating System: _____

Needed Connectivity *(check all that apply)* ___ Telnet ___ RDP ___ Web ___ Other

Reason for Request: _____

_____

Is this a Permanent or Temporary Request? _____ Permanent _____ Temporary
_____ Expiration Date

Requestor's Signature: _____ Date: _____

Tech Coordinator's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

User acknowledges that any machine connecting to the network, MUST have all up to date patches and service packs installed and virus protection with current definitions. They districts also acknowledges that by allowing this individual VPN access, that the district accepts responsibility to advise NOECA when VPN access is to be terminated.

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:
GROUP NAME: _____
USER NAME: _____
IP ADDRESS: _____
SUBNET:_____

Notification Contact: _____ **Notification Date:** _____