



# Multi Factor Authentication (MFA) Virtual Private Network (VPN) Access Request Form

Name: \_\_\_\_\_  
(Print Full Name)

Department\Company: \_\_\_\_\_

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

**ACES ID:** \_\_\_\_\_

Select: Employee  Non-Employee

Site: \_\_\_\_\_

Expiration Date (non-employees only): \_\_\_/\_\_\_/\_\_\_ **(Required)**

Justification: **(Required)**

Applicant Signature: \_\_\_\_\_ **(Required)**

Authorized Manager's Signature: \_\_\_\_\_ **(Required)**

Print Manager's Full Name: \_\_\_\_\_ **(Required)**

Manager's Phone Number: \_\_\_\_\_ **(Required)**

**\* If you are a District employee requesting access. Please open a footprint ticket and attach this approved form to a footprint ticket and assign to "Security".**

**\*\*If you are a College site employee, submit your request to your respective site's IT department.**

For more information regarding VPN or Administrative Equivalent Access please contact your College or District IT Department Helpdesk. The numbers are listed below:

SAC (210) 486-0777	NVC (210) 486-4777
SPC (210) 486-2777	PAC (210) 486-3777
NLC (210) 486-5777	District (210)485-0555

**Note \*\***Signature of this form does not ensure Virtual Private Network Access; Security will conduct further research to determine if Virtual Private Network Access is appropriate.

### IT/Security Use Only

Approval Status: Yes No

Security Print Name: \_\_\_\_\_

Security Signature: \_\_\_\_\_

Implemented By: \_\_\_\_\_

Date Implemented: \_\_\_\_\_