



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: _____