

VENDOR VPN ACCESS REQUEST

This form is used to request access from external computing devices to specific computing devices on the internal UM network.

Please refer to completion and submission instructions provided on Page 3 of this form, as improperly completed forms will delay processing of your request.

Additional copies of this form can be obtained from the IT Security website. Visit www.miami.edu/security and use the menu link "Forms and Publications".

UM DEPARTMENTAL SYSTEM ADMINISTRATOR Who Will Sponsor The VPN Account(s)			
Name	Title	Phone/ Extension	Email Address
VENDOR			
Vendor Company Name		Vendor Company URL	
Vendor Company Representative Name	Title	Phone/ Extension	Email Address
Describe Purpose or Need For VPN Access			
USER PROFILES			
<p>Complete one User Profile for each user who needs VPN access. Additional User Profiles may be submitted using Page 2 of this form.</p>			
<p>Number of User Profiles Requested: _____</p>			
<p>USER PROFILE # _____ of _____</p>			
Customer Name/Title: _____ / _____ Phone & Ext.: _____			
Email: _____ Account Activation*: From (mm/dd/yy): _____ To (mm/dd/yy): _____			
* — Six month maximum duration. To obtain extension after expiration, contact the IT Help Desk, 305.284.6565, option #3.			
SOURCE IP or SOURCE IP RANGE (optional)	ACCESS IS REQUESTED TO THE FOLLOWING DESTINATIONS:		TO BE COMPLETED BY HELP DESK
System(s) where connection will be made from	IP or IP RANGE	_____ PROTOCOL _____ DST-PORT(S)	Processed By/Date: _____ / _____
<input type="radio"/> Static Connection Provide IP or IP Range: _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	New account created: ex- _____
<input type="radio"/> Dynamic Connection	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	Existing account updated: ex- _____

USER PROFILE # ___ of ___

Customer Name/Title: _____ / _____ Phone & Ext.: _____

Email: _____ Account Activation*: From (mm/dd/yy): _____ To (mm/dd/yy): _____
* — Six month maximum duration. To obtain extension after expiration, contact the IT Help Desk, 305.284.6565, option #3.

SOURCE IP or SOURCE IP RANGE (optional) System(s) where connection will be made from	ACCESS IS REQUESTED TO THE FOLLOWING DESTINATIONS: IP or IP RANGE _____ PROTOCOL _____ DST-PORT(S) _____	TO BE COMPLETED BY HELP DESK Processed By/Date: _____ / _____
<input type="radio"/> Static Connection Provide IP or IP Range: _____ _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	New account created: ex- _____ Existing account updated: ex- _____

USER PROFILE # ___ of ___

Customer Name/Title: _____ / _____ Phone & Ext.: _____

Email: _____ Account Activation*: From (mm/dd/yy): _____ To (mm/dd/yy): _____
* — Six month maximum duration. To obtain extension after expiration, contact the IT Help Desk, 305.284.6565, option #3.

SOURCE IP or SOURCE IP RANGE (optional) System(s) where connection will be made from	ACCESS IS REQUESTED TO THE FOLLOWING DESTINATIONS: IP or IP RANGE _____ PROTOCOL _____ DST-PORT(S) _____	TO BE COMPLETED BY HELP DESK Processed By/Date: _____ / _____
<input type="radio"/> Static Connection Provide IP or IP Range: _____ _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	New account created: ex- _____ Existing account updated: ex- _____

USER PROFILE # ___ of ___

Customer Name/Title: _____ / _____ Phone & Ext.: _____

Email: _____ Account Activation*: From (mm/dd/yy): _____ To (mm/dd/yy): _____
* — Six month maximum duration. To obtain extension after expiration, contact the IT Help Desk, 305.284.6565, option #3.

SOURCE IP or SOURCE IP RANGE (optional) System(s) where connection will be made from	ACCESS IS REQUESTED TO THE FOLLOWING DESTINATIONS: IP or IP RANGE _____ PROTOCOL _____ DST-PORT(S) _____	TO BE COMPLETED BY HELP DESK Processed By/Date: _____ / _____
<input type="radio"/> Static Connection Provide IP or IP Range: _____ _____	<input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____ _____ <input type="checkbox"/> TCP <input type="checkbox"/> UDP <input type="checkbox"/> Other: _____ # _____	New account created: ex- _____ Existing account updated: ex- _____

REQUEST FOR VENDOR VPN ACCESS ACCOUNT

Instructions For Requestor

(UM IT Contact or Departmental System Administrator who will sponsor VPN Account(s)):

Please follow these instructions to request a Vendor VPN Access Account. You will be notified of completion and receive usage instructions within three (3) work days after receipt of all proper documentation. **To expedite completion of this service, please ensure that all requested information is provided. Incomplete forms will delay processing of your request.**

Please be aware that as the VPN Account sponsor, you are responsible for ensuring that network access privileges granted by this VPN account are used in accordance with UM's "Computer Access And Confidentiality (A045) Policy".

1. Complete an *Internal Departmental Requisition (IDR)*. Provide the following information in the "Description" section, and obtain proper signatures. **Sections titled "Quantity, Unit Price, Accounts To Be Charged, Credit" need not be completed.**

Vendor VPN Access is requested for: _____
(Primary Contact Name)

Representing: _____
(Vendor Company Name)

Purpose Of Access Is: _____

2. Complete an *IT Security Request For Vendor VPN Access Account* form. (Page 1 & 2 of this document). **Please ensure that you provide all requested information. Incomplete forms will delay processing of your request.**
3. Fax the completed *IDR* and *IT Security Request For Vendor VPN Access Account* form to the IT Help Desk, attn: Data Help Desk Attendant, 305.284.5809.

Instructions For Help Desk Attendant/IT Security:

Help Desk Attendant:

- Review the form and IDR to ensure that all required information has been appropriately provided. Contact the requestor to obtain all missing information.
- Complete the column titled 'TO BE COMPLETED BY HELP DESK'. Indicate the User ID to be assigned to each exception profile and whether it is an existing or new account. **Do not create or update the account until receipt of approval from IT Security.** Fax the *IT Security Request For Vendor VPN Access Account* form to IT Security, 305.284.5629.
- IT Security will notify you by email that the requested security profiles have been enabled. After receipt of this notification, create or update the account, then send email to Requestor to notify of completion and provide usage instructions, cc security@miami.edu.

IT Security:

- Enable the appropriate security profile(s).
- Notify Help Desk Attendant of completion via email.