



VPN Account Request Form

To be completed by the user requesting

To request authorized access, this document must be fully completed and signed by you, your reporting officer and ICT Dte approval authority.

Access (Please check one)

New Access Terminate Access Change Access – Reason: _____

Access Type (Please check all that apply)

Permanent
 Temporary
Date from: _____
Date to: _____

Employee Access (Please check one)

Faculty Officer Staff Student Other _____

SPECIFY WHY DO YOU NEED VPN ACCESS

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Please be informed that VPN Access is granted maximum for 90 days only. VPN Access given during the last quarter of the calendar year is only valid until 31st December of that year. You are required to resubmit the application form if you want to continue using VPN Access.

*Requestor Information

Full Name		Job Title / Position	
Department		Location	
Employee ID		CMS ID	
Mobile Number		Office Phone/ Ext.	
Email			

*School / Dtes IT Department

Full Name			
Job Title / Position		Office Phone/ Ext.	
Email			

* All fields are mandatory

Undertaking: I have read and understand the National University of Sciences and Technology – Information and Communication & Technology Security Policy and Procedures and I agree to fully comply with these policies. I understand the failure to adhere to these policies can result in revocation of access privileges .

Applicant's Signature: _____ **School IT Department:** _____

Dated: _____ **HOD / Principal / Director:** _____

The information Security Office will review your Access Request. You will be contacted, if additional information is required. Once the review is complete, you will be notified by email. ICT Dte reserves the right to change access policies, privileges and to revoke access to the area(s) at any time for any reason, without prior notification to ensure the safe and secure operations.

ICT Dte Use Only

Received By (ICT Helpdesk): Name: _____ Signature: _____ Date: _____

Reviewed By (Cybersecurity): Name: _____ Signature: _____ Date: _____

Approved By (Ops/Support): Name: _____ Signature: _____ Date: _____

Status Access Granted on Date: _____ Access Blocked Date: _____

Phone: (051) 9085 Ext:1144/1140

Email: to: support365@nust.edu.pk cc: mmanager.comm@nust.edu.pk