



IT SYSTEMS & SERVICES
APPLICATION FOR VPN ACCESS

DATE _____

UPEI EMPLOYEE #: _____

NAME _____

(surname)

(given name)

DEPARTMENT: _____ PHONE #: _____

Novell Username: _____

_____ *FACULTY*

_____ *STAFF*

Reason for VPN Access:

For how long? _____

*** DEPARTMENTAL APPROVAL _____
(must be signed by Department Head or Dean)

DATE _____

NOTES _____

Access Granted: _____
(Operation Manager, IT Systems & Services)