



**NETWORK ACCESS FOR NON-NSU PERSONNEL**

Date \_\_\_\_\_

Service being Requested:  Wireless  VPN  Wired Network Access  
 Other

\_\_\_\_\_  
Name of NSU staff making the request

\_\_\_\_\_  
Title / Dept

\_\_\_\_\_  
NSU Email address

Access start date: \_\_\_\_\_

Access End \_\_\_\_\_

System(s) to be accessed \_\_\_\_\_

Access to NSU resources Y / N

Network Tech required Onsite Y / N

Is this to support / maintain NSU systems Y / N

Is this to support external sponsored event Y/ N

**Request Details**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Disclaimer: By signing this form you hereby agree to advise all users of the NSU Acceptable Use of Computing Resources Policy and the Information Security Policy Compilation. Additionally, you agree to be responsible for all actions performed by this/these user(s) while using the approved resources.*

**Signature** \_\_\_\_\_

\_\_\_\_\_  
Network Operations Staff Only below this line

Request Approved / Not Approved

Name: \_\_\_\_\_

Signed: \_\_\_\_\_