



Virtual Private Network (VPN) Access Request Form

User Information

Company Name

Full Name

Address

City

State

ZIP Code

E-mail

Office Phone

Type of User

Is a contractor

Is a DHH Employee

Computer is owned by DHH

Service Tag / Serial #

I certify that this VPN access will not be used on a personal computer.

Digital Signature of User

Appointing Authority Information

Appointing Authority Full Name

E-mail

Office Phone

DHH Office & Section Name

Request End Date

*Cannot exceed one (1) year.

Purpose of this Access

Digital Signature of Appointing Authority

DHH IT Information

List of Network Resources

*Access will be limited to the above DHH Network Resources. List Device Name(s), Web and IP Addresses as needed.

AD Group

VPN Client ID