

REMOTE ACCESS REQUEST FORM

VPN (Virtual Private Network)

Applicant Information

For Processing Email to: sec.admin@clevelandmetroschools.org

Requestor:		School / Office:	
(Print clearly your full name)		Facility Code #:	
Job Title:		Telephone #:	
Username (if applicable):			
Are you a CMSD Employee? YES <input type="checkbox"/> NO <input type="checkbox"/>		CMSD Sponsor:	
If no, please explain:			
Contractor/Vendor Company Name:			
Address1:			
Address2:			
Address 3:			
Phone #1:		Phone #2:	Fax #:
E-Mail Address:			
User Requirements:			
1. Purpose of Request:			
2. Can you install and configure the VPN Cisco AnyConnect Secure Mobility Web Client? YES <input type="checkbox"/> NO <input type="checkbox"/>			
URL Address: vpn.clevelandmetroschools.org			
System Requirements:			
<ul style="list-style-type: none"> • To install the VPN Cisco AnyConnect Secure Mobility Web Client: <ul style="list-style-type: none"> ○ Type in the browser: vpn.clevelandmetroschools.org ○ Please follow the instructions in the VPN Connection Guide • To use the VPN Cisco AnyConnect Secure Mobility Web Client: <ul style="list-style-type: none"> ○ Direct network connection (cable or DSL modem) is required • Security: AntiVirus Software <ul style="list-style-type: none"> ○ Any AntiVirus software is acceptable as long as it is up-to-date 			
NOTE: Internet Explorer 6 is no longer supported			

Applicant: (Signature) _____ Date: _____

Approved by: (Signature) _____

Approved by: (Print Name) _____

Approved by Title: (Print Title) _____

Telephone: _____ Group Name: _____