Kent State University

Request for Remote Access to Administrative Systems

Section 1 – To be completed by Security Administrator

ser information		
Full Name		
Department	_	Position
Flashline ID	_@kent.edu	Campus Phone
ser acknowledgement		
I acknowledge that:		
		orized only from a secure computer, and by standards established by Information Services fo
	-	computer or publicly accessible computer such as ries is prohibited.
		systems may result in loss of remote access rights ypolicy.
User's signature		Date
	Security Ad	<u>ministrator</u>
I acknowledge that:		
I. The user has a business need to accolocations.	ess the univer	rsity's administrative systems from off-campus
2. The user has a secure computer of from remote locations.	n which to cor	nduct university business
3. I will notify Information Services I the user's need for remote access.	promptly upor	any change in the user's responsibilities that affect
Department security admin		Date
formation Technology use		
Request completed		Date
	Flashline ID	Full Name

Instructions: Collect signatures and submit via TeamDynamix Ticket:

https://kent.teamdynamix.com/TDClient/2005/Portal/Requests/ServiceDet?ID=51151