

REQUEST FOR PUBLIC ACCESS SYSTEM

DATE: _____ REQUESTING DEPARTMENT: _____

Do you need a static IP address for this system? (Yes/No) _____ *Static IP Addresses are only issued to System Administrators*

Print name of the System Administrator for this system Print the system's temporary IP address

Print the common name of this system Print the DNS name of this system

Is this system housed in the campus datacenter (Computer Center – Meshel Hall)? (Yes/No) _____

If no, where is the system physically located: _____

List the required protocols and port numbers to open on the firewall: _____

Describe the purpose of this system:

Will this system contain sensitive information that is controlled by regulations (FERPA, GLBA, PCI, etc.) or University Policies, include Guidebook Policy 4012.01 as it relates to sensitive information? (Yes/No) _____

APPROVAL BY DIVISION HEAD/DEAN

Your signature indicates that you are aware of and approve of the development of this public service request, and that its deployment is in support of your college or division's mission. You understand that your division is responsible for maintaining the integrity of the system and its contained data and that this system will be available on the Internet for public access. If this system is located in an area other than the University Computer Center, you understand that your division is also responsible for the physical security and integrity of the system and its data.

Print name of Division Head Date

Division Head/Dean Signature

REVIEW BY NETWORK SECURITY

_____ **RECOMMEND** – acknowledges the Network Security team will provide requested access to the system above. The system has passed a scan for known vulnerabilities. *Firewall changes completed on the following date:* _____

_____ **NOT RECOMMENDED** – acknowledges the Network Security team will be unable to provide requested access to the system above. The system did not pass a scan for known vulnerabilities. *Deficient for the following reasons:* _____

Print name of Network Security Reviewer Date

Work flow:

- 1. Applicant completes form with requested information and obtains Division Head or Dean's signature of approval*
- 2. Forward request to Network Security, Meshel Hall, 4th floor for review*
- 3. Division Head or Dean will receive a copy of the application form indicating the recommendation of Network Security*