

University of Massachusetts - Boston
VPN – Remote Access to UMB Research Resources
REQUEST FOR ACCESS FORM

The University of Massachusetts – Boston (UMB) provides VPN access, as approved by departmental supervisors, to graduate students (and undergraduates requiring access to research related resources) as a business tool. This access is limited and must be carefully monitored for the safety of the UMB network. The use of this connection is for University-related business. UMB students who request VPN access are responsible for the security and maintenance of their personal computer which is used to access the VPN. It is mandatory that all anti-virus, anti-spam and other protection software be installed, current and operational on the home PC or laptop being utilized for this connectivity. VPN access poses a potential security risk for UMB data and the user will need to use diligent caution, always logging off even when leaving the computer for short periods of time. Lapsed protection or repeated failures to log off will result in termination of VPN rights.

REQUEST FOR RESEARCH RESOURCES VPN SERVICE

I am requesting VPN remote access to Research Resources on the University of Massachusetts – Boston (UMB) network. My signature below confirms that all my anti-virus, anti-spam and firewall software are current and operational on my home or laptop PC and will remain that way throughout the timeline of this agreement. I also agree to log out of VPN access if I am leaving this computer unattended for more than five minutes.

Print Name (last, first)	Title
Signature	Department
Work Phone	Home Phone
Work Email	<u>RESEARCH RESOURCES</u> Reason(s) for Access
UMB Employee or Student ID #	

APPROVED BY (Signature Required):

I understand that by signing this VPN Access Request, I have confirmed that the workstation that the above individual will be using is fully protected by current anti-virus software and other utilities and they have been counseled that this needs to remain in place throughout the duration of using VPN. I am also aware that this service will give my graduate student after hours and weekend access to predetermined research resources at University of Massachusetts – Boston (UMB) from their home location.

Department head signature	Date
Print department head name (last, first)	Title

RETURN ORIGINAL, SIGNED FORM TO YOUR DEPARTMENT RESEARCH VPN DELEGATE

(Please retain a copy of this form for your records)

(1) Your Department's Research VPN Delegate is _____

(2) Your Direct Faculty Supervisor is _____