

# Southwest Virginia Community College

## Remote Network Access Request Form

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***Complete and sign the following:***

Add New User:                      Update User:

Name:

(Print) First Name              Middle Initial              Last Name

Office / Division Name:

Remote access to SWCC Network and resources:

The above listed user has requested remote access to the SWCC Network. This access will require the requester to download the VPN client on their remote computer and validate their logon with SWCC credentials. This will grant the user access to SWCC Network from a remote location.

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Immediate Supervisor's Signature:

Date:

For Technology Services Use Only:

VPN REMOTE ACCESS ACCOUNT

Created by:

Date: