

Touro CA Remote Access Approval Form

The manager of the individual for whom this Remote Access is being requested must indicate the access privileges (if any) and must sign their signature at the bottom.

PLEASE PRINT

PRIMARY LOCATION OF YOUR REMOTE ACCESS (for employee)

- Home Office
 Public WAP
 Hotspot
 Colleague or Friends Network
 a Business

EMPLOYEE			
Last Name	First Name	Phone #	T ID #
Title	Department	Reason	

SUPERVISOR		
Last Name	First Name	Phone

REMOTE ACCESS DATES REQUESTED:	
Start Date:	End Date:

REMOTE electronic INFORMATION ACCESS REQUESTED		
<input type="checkbox"/> Review TUC guidelines	<input type="checkbox"/> Connect to TouroOne	<input type="checkbox"/> BOX Access
<input type="checkbox"/> If applicable, LMS	<input type="checkbox"/> If applicable, Kaltura	<input type="checkbox"/> If applicable, Mediasite
<input type="checkbox"/> Voice Mail messages	<input type="checkbox"/> Mitel Call forwarding	<input type="checkbox"/> E-Mail (OWA version)
<input type="checkbox"/> Zoom participation	<input type="checkbox"/> Zoom hosting	<input type="checkbox"/> VPN for dept. files. / Shares
<input type="checkbox"/> Work/Teach link to Tools	<input type="checkbox"/> Work/Teach link - checklist	<input type="checkbox"/>
<input type="checkbox"/> SPECIAL TUC provided laptop	<input type="checkbox"/> SPECIAL Banner VPN/TCUS	<input type="checkbox"/>

- I understand by submitting this form, it does NOT grant me access to my workplace desktop computer or all of the applications and software loaded on my workplace desktop computer.
- I have read and signed off on the acceptable use policy (AUP) form and take full responsibility for my actions as specified on the AUP.

Note: IT is unable to load software for personally owned equipment. The University enterprise software licenses are designated for work owned computers/laptops only.

An e-mail will be sent to your supervisor for follow-up on approval or denial for remote access. Please note, the form must be completely filled out in order to be processed. Please allow 2 business days for completion.

Employee Signature: _____	Date _____
Supervisor Signature: _____	Date _____
Provost Signature: _____	Date _____