

Office of Information Technology Request for TCP/IP Access

Applicant Information

Name (first, middle initial, last)		Job Title	
Preferred Name		Soc. Sec. No. **	Birthdate
Driver's License No. and State	Driver's License Exp. Date	Secret Key (enter a word you will not forget)	
Work Information			
Agency			
Street Address		City, State, Zip	
Phone No.	Fax No.	Email Address	
Home Information			
Street Address			
City, State, Zip		Phone No.	

** Soc. Sec. No is optional for SecurID Token only

The Office of Information Technology has the right to deny or restrict TCP/IP access at its discretion.

ORC 2913.04(B) states that "No person shall knowingly gain access to, attempt to gain access to, or cause access to be gained to any computer, computer system, or computer network without the consent of, or beyond the scope of the express or implied consent of, the owner of the computer, computer system, or computer network, or other person authorized to give consent by the owner".

Please review the Internet Security policy(ITP B.6) located at: <http://oit.ohio.gov/IGD/policy/OhioITPolicies.aspx>

I agree to use this TCP/IP access solely for the reasons disclosed above. I agree that I will not allow anyone else to use my access and will report any suspicions regarding such misuse.

Applicant's Signature	Date
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SPONSOR USE ONLY

Sponsor Information

Name (first, middle initial, last)		
Agency		UID.
Resource Information		
System(s) to be Accessed		Is the requestor a state employee?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby acknowledge and authorize the applicant of this document to be granted access to the resource(s) noted above.

Applicant's Signature	Date
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OIT SECURITY PERSONNEL USE ONLY

Login Name	DCE ID
Token Serial	Client(s)
Expiration Date	Token Type
Purchased by	Date
OIT Network Security Administrator's Signature	Date