

Prince George's County Public Schools

Phone 301-386-1608

Upper Marlboro, MD 20772

Fax 301-386-1647

PGCPS VPN Authorization Request Form

Part 1. To be completed and signed by employee: Please print.

First Name	Middle Initial	Last Name	Office Phone No.
PGCPS e-Mail Name _____ @pgcps.org			Employee ID No. (EIN) _____
Job Title _____			

User responsibilities.

As a user of the Prince George's County Public Schools' Information Technology data, you have certain responsibilities. Your signature below indicates your acceptance of these responsibilities:

- You must protect your password and keep it secure; do not disclose it to anyone. The system tracks access by the user that signed on, and a record may be kept of your activity.
- Do not allow **anyone** else to use your User Name and password.
- Lock your PC if you will be away from your workstation. Do not leave an unlocked PC unattended. (Lock your PC by pressing Ctrl – Alt – Del together; then the Enter key. To unlock your PC, press Ctrl – Alt – Del again and enter your e-mail password.)
- You are to use your own User Name. Do not use someone else's user name and password.
- You are not to attempt to access data you are not authorized to access.
- You are not to use PGCPS data for personal use.
- If you have access to confidential information it is your responsibility to protect all copies of that data, including printed reports, information displayed on your screen, and e-mail use of the data.

If you forget your password or need computer assistance, call the **Help Desk (301 386-1549)**.
After you place a call to the Help Desk be sure to answer your phone so we can contact you.

I have read and accept the above responsibilities:

X _____	_____
Employee Signature	Date

Part 2. To be completed and signed by Supervisor:

Please provide VPN access to the PGCPS internal network for the employee specified above. A detailed explanation of what PGCPS services are being used and why they need VPN access to them is:

I agree to notify the IT Department when this access is no longer required.

X _____	_____
Supervisor	Date

X _____	_____
Network Operations Manager or Director of Telecommunications	Date

**Forward original form with both signatures to:
Network Operations; Bonnie F. Johns Media Center; Room 210
Attn: Network Operations Manager**