

California Department of Corrections and Rehabilitation
Remote Access Service Request
 (Rev. 09/17)

Applicant Information			
NAME <i>(Print)</i>	CLASSIFICATION	DIVISION/BRANCH	UNIT/OFFICE
EMAIL ADDRESS	PHONE NUMBER	WORK LOCATION (Physical address, Bldg, Post, etc.)	
DESCRIPTION OF BUSINESS NEED			
Desktop/Laptop Information (must be CDCR issued)			
DESKTOP/LAPTOP NAME	NETWORK NAME	OS VERSION	SP VERSION
AMCORE ENGINE VERSION	AMCORE CONTENT VERSION	USER LOGON NAME	
Check the method to be used to access the CDCR Network: <input type="checkbox"/> Dial-up remote access service via modem <input type="checkbox"/> Virtual private network access via broadband <input type="checkbox"/> Wireless via Aircard		Action to be performed: <input type="checkbox"/> New VPN account <input type="checkbox"/> New VDI account Token ID: <input type="checkbox"/> Change Access Rights <input type="checkbox"/> Cancel existing account User ID:	
Is the Desktop/Laptop encrypted: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what encryption security group has the customer been added to ensure access?	
User Agreement			
<p align="center">This account will be effective until terminated by the applicant or EIS.</p> <p>As an authorized user of the CDCR Remote Access Service (RAS) I am responsible for:</p> <ol style="list-style-type: none"> Keeping my CDCR RAS username and password for my use only and protected per the RAS approval memorandum. Using CDCR resources only as authorized and only for approved purposes. Notifying CDCR's Information Security Office or CDCR's IT Coordinator of exposure, misuse, or non-compliant situations. Understanding the following concerning RAS and all CDC information assets: <i>The CDCR information assets is for authorized use only. CDCR information systems may be monitored to ensure the confidentiality, integrity, and system availability. Using this system constitutes consent to monitoring. All information, including personal information, placed on or sent over this system may be retrieved during monitoring. Misuse could result in immediate loss of access.</i> Notifying CDCR's IT Coordinator when access is no longer needed so that the account can be deactivated. <p align="center">I have read the above and agree to adhere to all requirements stated.</p>			
APPLICANT SIGNATURE X	NAME <i>(Print)</i>	TITLE	DATE
IT COORDINATOR SIGNATURE X	NAME <i>(Print)</i>	TITLE	DATE
HIRING AUTHORITY SIGNATURE X	NAME <i>(Print)</i>	TITLE	DATE
Send form (scanned, faxed, or hard copy) to EIS Service Desk			