

Form ID:	
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Internal use only

Keene State College Remote Access Request Form

Last Name:	
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First Name:	
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Middle Initial:	
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Campus Email:	
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Campus Ext:	
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Campus M/S:	
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Org/Dept:	
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Home Phone:	
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In the space below, describe any applications you require beyond the standard applications described on the [Remote Access Solution](#) page.

Please supply your computers operating system(s), version and check 32 or 64 bit for Windows:

Operating System	Apple	Windows	32 bit	64 bit	Other: _____
Version					

Effective Date:	
End Date:	

NOTE: If end date is indefinite, the request will be reviewed annually or at requester's employment termination.

Authorization:

Note: Authorization for non-KSC employees, vendors, contractors, companies, etc. must be approved by a Keene State College representative responsible for the enabling access to KSC resources.

Director/Dean/Department Chair:	Signature:
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Please send the completed form to: **HELPDESK** M/S 2615