



REMOTE ACCESS POLICY AND AGREEMENT

If you are not employed by Elgin Community College and require remote access, please include the name of your company and contact information.

Name of Business

Last Name

First Name

Job Title

Contact Phone

Are you requesting permanent remote access?

Yes

No

If not, please specify the dates in which you require remote access.

Start Date:

End Date:

Will you be utilizing ECC's furnished equipment?

Yes

No

If yes, please include the device name below.

COM#:

If you are not employed by Elgin Community College and require remote access, please include contact information for the Elgin Community College employee you are working with.

Last Name

First Name

Office Location

Contact Phone

Please describe the intended use of remote desktop access below.

Employee Signature:

Date:

Manager Signature:

Date:

Help Desk Ticket Number:

Date: