Firewall Access
Request Form

SECTION 1

TO BE COMPLETED BY THE APPLICANT

By completing the below information the requestor/applicant acknowledges and agrees that he/she has read, understood and will comply with the following:

CHECK
☐ 32-01: Acceptable Use of Technological Resources
☐ 32-8-705.1 Password Management

(Please read both documents. To verify your understanding and acceptance of each, place a check mark beside them. Failure to do so will result in the request being delayed or denied.)

REQUESTOR

LAST NAME
FIRST NAME
DEPARTMENT
JOB TITLE
EMAIL
PHONE

SUPERVISOR

LAST NAME
FIRST NAME
DEPARTMENT
JOB TITLE
EMAIL
PHONE

EXPLAIN THE PURPOSE FOR THE ACCESS AND HOW IT SUPPORTS ACADEMIC, RESEARCH OR ADMINISTRATION FUNCTIONS AT NSU

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M
Or sign, scan and email a signed copy to: security@nsu.edu
Revised 11/25/14
Firewall Access
Request Form

THE SYSTEM I AM REQUESTING ACCESS FOR STORES AND/OR PROCESSES THE FOLLOWING TYPE OF DATA (check all that apply)

☐ SOCIAL SECURITY NUMBERS SPECIFY
☐ FINANCIAL INFORMATION SPECIFY
☐ FACULTY, STAFF OR STUDENT RECORDS SPECIFY
☐ HEALTH AND/OR FERPA RECORDS SPECIFY
☐ AUTHENTICATION, i.e., LOGIN AND PASSWD SPECIFY
☐ OTHER SENSITIVE INFORMATION SPECIFY
☐ ENCRYPTED INFORMATION SPECIFY
☐ NONE OF THE ABOVE

THE SYSTEM I AM REQUESTING ACCESS FOR IS USED FOR COMMERCIAL PURPOSES YES ☐ NO ☐
THE SYSTEM I AM REQUESTING ACCESS FOR IS USED FOR PERSONAL GAIN YES ☐ NO ☐
IF YES, PLEASE EXPLAIN

IS THIS A PERMANENT MODIFICATION?
☐ YES ☐ NO

DATE WHEN THE ACCESS IS TO BE REMOVED MONTH DAY YEAR HOUR MINUTES AM PM

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M
Or sign, scan and email a signed copy to: security@nsu.edu
Revised 11/25/14
SECTION 2  

TO BE COMPLETED BY THE APPLICANT AND THE SYSTEM ADMINISTRATOR

Please contact the system administrator, the vendor, or the technical person responsible for the system you are requesting access to/from and complete the next section. The next section requires some technical expertise and knowledge of the system.

SYSTEM ADMINISTRATOR CONTACT INFORMATION (this is the person responsible for the system, software and patches)

LAST NAME  
FIRST NAME  
ORGANIZATION  
JOB TITLE  
EMAIL  
PHONE

THE SYSTEM I AM REQUESTING ACCESS FOR IS LOCATED

ADDRESS  
BUILDING  
ROOM

THIS IS A RESTRICTED, MONITORED AND SECURE AREA  YES  NO

DESCRIBE HOW AND WHEN OPERATING SYSTEM AND SOFTWARE SECURITY PATCHES AND UPDATES ARE DEPLOYED TO THE SYSTEM

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M  
Or sign, scan and email a signed copy to: security@nsu.edu  
Revised 11/25/14
SECURITY QUESTIONNAIRE

The system I am requesting access for will serve data/applications to: (Check all that apply)

- [ ] Norfolk State University
- [ ] Selected/secure off campus users/sites
- [ ] Public internet
- [ ] Other

The system I am requesting access for stores and/or processes the following type of data (check all that apply)

- [ ] Social security numbers
- [ ] Financial information
- [ ] Faculty, staff, or student records
- [ ] Health and/or FERPA records
- [ ] Authentication, i.e., login and passwd
- [ ] Other sensitive information
- [ ] Encrypted information
- [ ] None of the above

The system I am requesting access for runs the following operating system:

- [ ] Windows
- [ ] Linux
- [ ] MAC OS
- [ ] Other

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M
Or sign, scan and email a signed copy to: security@nsu.edu

Revised 11/25/14
Firewall Access Request Form

**SECTION 3**

**TO BE COMPLETED BY OIT AND/OR THE SYSTEM ADMINISTRATOR**

Contact the system administrator, vendor, or the technical person responsible for the system and complete the next section. Additionally you may leave this section for OIT to complete as long as a contact for the system administrator is present.

PLEASE USE ONE LINE PER ACCESS AS SHOWN IN THE FOLLOWING EXAMPLE:

<table>
<thead>
<tr>
<th>LINE</th>
<th>SOURCE IP OR NETWORK</th>
<th>DESTINATION IP OR NETWORK</th>
<th>DESTINATION PORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.E.</td>
<td>YOU NEED ACCESS FROM 192.168.10.5 TO 199.111.115.180 OVER TCP PORT RANGE FROM 2000 TO 2100</td>
<td>TCP</td>
<td>UDP</td>
</tr>
<tr>
<td>LINE 1</td>
<td>IP 19.16.10.5</td>
<td>IP 19.11.11.18</td>
<td>PORT FROM 2000 TO 2100</td>
</tr>
<tr>
<td>LINE 2</td>
<td>IP 17.30.1.0</td>
<td>IP 19.11.11.18</td>
<td>PORT FROM 3100 TO 80</td>
</tr>
<tr>
<td>LINE 3</td>
<td>IP 0.0.0.0</td>
<td>IP 19.11.11.16</td>
<td>PORT FROM 80 TO</td>
</tr>
</tbody>
</table>

**FIREWALL ACCESS**

<table>
<thead>
<tr>
<th>SOURCE IP OR NETWORK</th>
<th>DESTINATION IP OR NETWORK</th>
<th>DESTINATION PORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use 0.0.0.0 for entire Internet</td>
<td>• Use 0.0.0.0 for entire Internet</td>
<td>• Use the FROM for a single port</td>
</tr>
<tr>
<td>• Leave MASK blank for IP</td>
<td>• Leave MASK blank for IP</td>
<td>• Use the FROM and TO for a range</td>
</tr>
<tr>
<td>• Specify MASK for NETWORK</td>
<td>• Specify MASK for NETWORK</td>
<td></td>
</tr>
</tbody>
</table>

Sign and return the completed form to: **Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M**

Or sign, scan and email a signed copy to: **security@nsu.edu**

Revised 11/25/14
Firewall Access Request Form

<table>
<thead>
<tr>
<th>IP</th>
<th>MASK</th>
<th>IP</th>
<th>MASK</th>
<th>IP</th>
<th>MASK</th>
<th>TCP</th>
<th>UDP</th>
<th>PORT</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

**DATE:** 11/25/2014 14:02

**VULNERABILITY SCAN**

- [ ] PASSED
- [ ] FAILED

**REASON**


**REQUEST**

- [ ] ACCEPTED
- [ ] DENIED

**REASON**


**X**

ISO SIGNATURE DATE

**X**

CIO Signature DATE

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M

Or sign, scan and email a signed copy to: security@nsu.edu

Revised 11/25/14
Firewall Access Request Form

X

REQUESTOR SIGNATURE DATE

Sign and return the completed form to: Information Security Officer - Marie V. McDemmond Center for Applied Research, Rm 401M
Or sign, scan and email a signed copy to: security@nsu.edu
Revised 11/25/14