



**Garden State Network
Remote Access Registration Form
For
Non-State Employee**

Type of Request

VPN

Initial Credential ID: _____

Group ID: _____

Complete sections I, II and III of this form, sign in the requested area and forward it to your Company's Supervisor for approval and signature in section IV. After receipt of this form, the Authorizing Entity will provide instructions for setting up your Remote Access to the Garden State Network.

I. Registrant Information *(Type or print clearly and complete all fields)*

Name:	
Agency/Organizational Unit:	
Street Address:	
City, State, Zip Code:	
Contact Telephone:	
E-mail Address:	

II. Justification

1. Requesting Remote Access to the Garden State Network for access to the following system(s):

2. Require this access for the following purpose:

III. Registrants Acknowledgment *(Signature of registrant required)*

As a user of the State of New Jersey Garden State Network Remote Access, I understand that the confidentiality and protection of the State's information is of the utmost importance. I have read and understand the State's Policy on the acceptable use of the Garden State Network's Remote Access.

If I receive access to the Garden State Network Remote Access, I will use it only for authorized purposes. I will notify the Authorizing Entity immediately if I believe that another person may have obtained unauthorized access.

I understand that all information transmitted or received through the Garden State Network Remote Access is the property of the State and is to be used for State business only. I further understand that representatives of the State are authorized to monitor the use of the Garden State Network Remote Access.

I attest that the information submitted on this form is correct. I am aware that any violation of the Garden State Network's Remote Access Policy may subject me to disciplinary action; loss of Remote Access privileges and that unlawful use of the Garden State Network Remote Access may result in civil liability, criminal liability or both.

Signature: _____ **Date:** _____

IV. Company Approval *(Signature of registrant's supervisor is required)*

The above individual has been approved to acquire Remote Access on behalf of:

(Company Name)

I understand that it will be my responsibility to notify the Authorizing Entity, in a manner prescribed by the Authorizing Entity, immediately upon learning that this individual is no longer employed with the company, that male/female/non-binary authorization to access the Garden State Network (GSN) on behalf of the company has been withdrawn, or if any misuse of the Remote Access mechanism or unauthorized access to the GSN has occurred.

Print Supervisor's Name _____

Signature: _____ **Date:** _____

Title: _____

V. Authorizing Entity's Approval

Program Manager (The Program Manager is the employee designated by the Authorizing Entity to administer the services for which Remote Access is being requested).

Signature: _____ **Date:** _____

CIO, CTO (or Designee) Signature: _____ **Date:** _____

Print Designee Name _____ **Title:** _____