CITY OF HOUSTON
SECURITY CLEARANCE REMOTE ACCESS

Form must be completed by Sponsor and signed by the User

CHECK ONE	☐ NEW	☐ REVISE	☐ SUSPEND	DATE			
CHECK ONE	☐ NORMAL	☐ ASAP	☐ EMERGENCY	DATE EXPECTED			

HPD Technology Services Sponsor **HPD ITSM #**

Printed Name			Title		
Department	Houston Police Department	Division			
Email		Phone No		Employee No	

EQUIPMENT	☐ **City Owned**	☐ **Contractor / Partners Owned**

SERVICE REQUEST	☐ **Add**	☐ **Delete**	☐ **Change**	☐ **Other** _____

REMOTE ACCESS REQUEST	☐ **Dial In**	☐ **VPN**	☐ **OTHER (describe)** _____

VPN to VPN for Partner/Vendor Connections **(Please type or print legibly using black ink)**

Project Name	
Company/Contractor	
Contact Name	
Contact Phone Number	
Contact E-Mail Address	
Project Expiration Date	
Peer VPN IP Address	

Remote Access Client Information **(Please type or print legibly using black ink)**

User Name	
Employee or Vendor ID	
Project Name	
Company/Contractor	
User Phone Number	
User E-Mail Address	
Server(s) or IP Address(es)	Source: Destination:
Application(s)	

JUSTIFICATION **(General description of the request, purpose, intended use etc.)**

CONCERNS / COMMENTS

CONFIDENTIALITY AGREEMENT

I have read the City of Houston Remote Access Policy I shall not disclose or reveal in any manner information relative to any of the preceding, or to the access to City of Houston's Computer Systems, or to any data or software to which I have access. In addition, I understand and agree to maintain the trust placed in me by the City to protect the user ID issued by City ITD and the access it allows. I specifically agree that:

- I will not share or disclose the user ID to anyone.
- I will change my password every 90 days or when notified by ITD or when I suspect it has been compromised.
- Use of the City's data processing services is restricted to authorized business only.
- I will only access data to which I have a specific authorization.
- I will be held responsible for any security breach traceable to my assigned user ID and password.

I understand and agree that any violation of the agreement may make me subject to disciplinary action, including termination, and/or legal or criminal liability.

USER'S SIGNATURE		DATE			
PRINTED NAME		TITLE			

HPD Technology Services use only

☐ Logistics By:_____ Date:_____ ☐ Operations By:_____ Date:_____

☐ Security By:_____ Date:_____ ☐ User Support By:_____ Date:_____

AUTHORIZATION SIGNATURE

The responsibilities of the person authorizing this form are to ensure the need is justified, the access is used for strictly business purposes, and Information Technology Department is notified of employment changes and transfers.

AUTHORIZED SIGNATURE		DATE			
PRINTED NAME		TITLE			

ITD use only

Source IP Address			
Source Port Number			
Destination IP address			
Destination Port #			
Local Network			
Issued User ID		Date notified user	

Information Technology
611 Walker, 9th Floor, Houston, TX 77002

LAN/WAN Helpdesk Received				Data Entry By			Date			
Heat Call ID					Project No.					
Assignment Date				Assignee			Project No.			
Assignee Signature		☐ Complete	☐ Open	☐ On Hold	☐ Other	Date Closed				

This 2-page form must be completed by a Technology Services Command sponsor and signed by the user before it is submitted to the HPD Technology Services User Support Desk for processing. Forms MUST be processed and transmitted to ITD by the HPD Technology Services User Support Desk. Failure to abide by these terms may cause the request to be delayed or rejected. Any questions regarding the information on this form should be directed to the HPD Technology Services Command User Support Desk at (713) 247-8500.