

Server Connection Application Form

This form is to be completed by any student or staff who wishes to run an IP service which will pass through the University's network firewall and which would otherwise be blocked by the University's "Default Deny" firewall policy.

Server Details

Host name requiring external access, Name: _____

IP address: _____

Host hardware and operating system: _____

Host location: _____ Office network socket number: _____

Purpose of service: _____

Service ports to be opened (list all TCP/UDP port numbers): _____

If external access to be limited to specific external hosts, list external name and IP address: _____

Special requirements (e.g. time of day): _____

Expiry date on service: _____

Disclaimer

- I will endeavour to ensure that any known security-related patches are applied to the service.
- I accept responsibility for access offered through this service.
- I accept that the service may be blocked and disconnected from the University network without notice if ISD staff suspect a breach of security, and in the event of support staff leaving the employ of the University without there being a replacement.
- I also give permission for my details to be held for the purposes of maintenance and operation of the firewall.
- I confirm that the above service will be used in accordance with the regulations and codes of practice as specified by the University's Connection and Acceptable Use Policies.
- I acknowledge that ISD reserve the right to scan the system before acceptance.

Contact Details

Primary System Administrators Name (print name): _____

Staff/Student ID number: _____

Office Number: _____ Telephone Number: _____

Email Address: _____

Signed: _____ Date: _____

In absence of above administrator please list a secondary/deputy emergency contact.

Deputy Contact Name (print name): _____
Staff/Student ID number: _____
Office Number: _____ Telephone Number: _____
Email Address: _____
Signed: _____ Date: _____

Authoriser Details

Note: A Head of Department must approve this application for a department/staff application or a Course Tutor for student application.

Request approved by (print name): _____
Position: _____
Signed: _____ Date: _____

Additional Information

All details above must be supplied for application approval.

For assistance, if needed, on completing this application form contact Harry Young, Network Manager, on extension 66488 or email H.Young@ulster.ac.uk

Connection, Acceptable Use and Security Policies: <http://www.ulster.ac.uk/isd/policies/>