



## Information Systems VPN/SSH Agreement

This agreement is between the VPN/SSH Requestor noted below and Coastal Carolina Community College (CCCC). The purpose of this agreement is to specify the terms and conditions applicable to the use of VPN/SSH to gain access to CCCC networks.

The signature below attests to the understanding and agreement of the following:

- 1) It is the responsibility of this requestor with VPN/SSH privileges to ensure that unauthorized users are not allowed access to the college's resources via this VPN/SSH connection.
- 2) Authorized VPN/SSH connections will be set up and managed by the CCCC ISSS office.
- 3) All computers connected to CCCC internal networks via VPN/SSH must use up-to-date anti-virus software. Information on this can be obtained from CCCC Help Desk (phone: 910-938-6123, email: [helpdesk@coastalcarolina.edu](mailto:helpdesk@coastalcarolina.edu)); this includes personal computers. This software is free for employees/faculty/students and will be installed at the time of set up.
- 4) All computers connected to our network must have the latest operating system patches applied. Information on these patches can also be obtained from the CCCC Help Desk.
- 5) By using this technology with personal equipment, the requestor understands that their machine is a *de facto* extension of the college's network, and as such is subject to the same rules and regulations that apply to college owned equipment, i.e., while connected, their machines must be configured to comply with all CCCC security policies.
- 6) This access agreement will be renewed on an annual basis.

## NON CCCC EMPLOYEE

System being accessed: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Duration of access requested : \_\_\_\_\_

(Expires within 1 year of Creation.)

New Access? \_\_\_\_\_ Renewal? \_\_\_\_\_

**I have read and understand this agreement, understand its provisions and, by signing below, agree to its terms and conditions.**

Remote User: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

### CCCC Authorization

Supervisor/Director: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Division/Department Head: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Director of Information Sys: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Please send this agreement with all necessary signatures to Network Connectivity, Information Systems Support Services. ([connectivity@coastalcarolina.edu](mailto:connectivity@coastalcarolina.edu))