## **Southwest Virginia Community College**

## **Remote Network Access Request Form**

Complete and sign the fol	llowing:		
Add New User	Update User		
Name:			
(Print) First Name	Middle Initial	Last Name	
Office \ Division Name:			
Remote access to SWC	CC Network and r	esources:	
The above listed user has	requested remote a	ccess to the SWCC	Network.
This access will require the GlobalProtect (Virtual Privalidate their logon with S SWCC Network from a ren	vate Network) Clien SWCC credentials. T	t on their remote c	•
Immediate Supervisor's Si	gnature:		Date:
For Technology Services U	Jse Only:		
VPN REMOTE ACCESS ACC	COUNT		
Created by:			Date: