

High-Privilege User VPN Approval Document

User Information

Full Name:

Job Title:

Department:

Employee ID:

Access Details

VPN Account Username:

Date Access Requested:

Requested Duration:

Justification for Access:

Systems / Resources Access Requested

System / Resource Name	Access Level	Reason

Risk Assessment (To be completed by IT/Security)

Risk Level:

Mitigating Controls
Required:

Reviewer Comments:

Approval

Approver Name:

Title:

Signature:

Date:

User Acknowledgment

User Signature:

Date: