



**American Center for Physics
One Physics Ellipse
College Park, MD 20740**

External Access Request & Authorization Form

This form must be filled out when requesting access to ACP computing or telephone resources from an external location.

Please state who will be accessing the resource and for what reason. Also provide start and end dates for access.

Circle Company: ACP / AIP / APS / AAPM / AAPT	
Your Name:	
Home or External Address:	
Home or External Phone	Extension
Email:	
Reason for request:	

External Access (VPN)

Circle Internet Service Provider: Verizon / Comcast / Other:	
Circle Internet Connection Type: DSL / Cable / FIOS / Dialup / Other:	
Start date:	End Date:
Requestor:	Request Date:
Requestor Signature:	Department Head Signature:

Note: In signing this document, the requestor agrees to follow all applicable ACP Policies including the Acceptable Use Policy and the VPN Policy

Telecommuting and Telephone Forwarding

Your Internal Extension:	
Forward To Number:	
Start date:	End Date:
Requestor:	Request Date:
Requestor Signature:	Department Head Signature:

Note: In signing this document, the requestor agrees to follow all applicable ACP Policies including the Acceptable Use Policy and the VPN Policy

ACP Use Only

Date Enabled:	By:	Date Disabled:
Notes:		