



**State of New Jersey
Garden State Network**

**Virtual Private Network (VPN) Access Registration Form
Non-State Employee**

Please complete sections I, II and III of this form, provide your signature in the requested areas and forward it to your company's supervisor for approval and signature in section IV. After receipt of this form, the Authorizing Entity will provide instructions for setting up your VPN access to the Garden State Network.

I. Registrant Information (*Please type or print clearly and complete all fields*)

Name: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail Address: _____

II. Justification

I am requesting VPN access to the Garden State Network for access to the following system(s):

I require this access for the following purpose:

III. Registrants Acknowledgment (*Signature of subscriber required*)

As a user of the State of New Jersey Garden State Network Virtual Private Network, I understand that the confidentiality and protection of the State's information is of the utmost importance. I have read and



understand the State's Policy on the acceptable use of the Garden State Network's Remote Access Virtual Private Network.

If I receive access to the Garden State Network Virtual Private Network, I will use it only for authorized purposes. I will notify the Authorizing Entity immediately if I believe that another person may have obtained unauthorized access.

I understand that all information transmitted or received through the Garden State Network Virtual Private Network is the property of the State and is to be used for State business only. I further understand that representatives of the State are authorized to monitor the use of the Garden State Network Virtual Private Network.

I attest that the information submitted on this form is correct. I am aware that any violation of the Garden State Network's Remote Access Virtual Private Network Policy may subject me to disciplinary action; loss of VPN privileges, and that unlawful use of the Garden State Network VPN may result in civil liability, criminal liability or both.

Signature: _____ **Date:** _____

IV. Company Approval (Signature of employee's supervisor is required.)

The above individual has been approved to acquire VPN Access on behalf of

(Company Name)

I understand that it will be my responsibility to notify the Authorizing Entity, in a manner prescribed by the Authorizing Entity, immediately upon learning that this individual is no longer employed with the company, that his/her authorization to access the Garden State Network (GSN) on behalf of the company has been withdrawn, or if any misuse of the VPN access mechanism or unauthorized access to the GSN has occurred.

PRINT Supervisor NAME: _____

Signature: _____ Date: _____

Title: _____

V. Authorizing Entity Approval

Program Manager (The Program Manager is the employee designated by the Authorizing Entity to administer the services for which VPN access is being requested.)

Signature: _____ Date: _____

CIO (or Designee): _____ Date: _____