



**State of New Jersey  
Garden State Network**

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

Please complete sections I, II and III of this form, provide your signature in the requested areas and forward it to your 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: \_\_\_\_\_

Agency/Organizational Unit 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. Supervisor's Approval** (Signature of employee's supervisor is required.)

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

\_\_\_\_\_  
(Program Name)

I understand that it will be my responsibility to notify my agency's CIO (or designee) in a manner prescribed by the agency's internal policy, immediately upon learning that this individual is no longer employed with the agency, that his/her authorization to access the Garden State Network (GSN) on behalf of the agency 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's Approval**

Deputy CTO, CIO (or Designee): \_\_\_\_\_ Date: \_\_\_\_\_