

 ABDULLAH GÜL ÜNİVERSİTESİ	REMOTE ACCESS CONNECTION REQUEST FORM	Document No	AGÜ-502-07/ FRM-11
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Revision No			
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COMPANY/INSTITUTION INFORMATION	
Company/Institution Name	
Phone Number	
Email Address	
IP Addresses	

INFORMATION OF DEVICE/SERVER REQUESTING ACCESS		
Device/Server Name	IP Address	Port

TERMS OF USE
<p>* In case the employee requesting access leaves the job, the Company/Institution Officer must notify Abdullah Gül University Information Technology Department. Otherwise, all legal responsibilities lie with the Company/Institution.</p> <p>* The Company/Institution must report all activities (updates, uploads, cancellations, etc.) performed by the employee on the servers via email at the end of the day.</p> <p>* Access credentials allocated for the access connection must not be shared with third parties and Company/Institution employees. Legal obligations in connections will be evaluated based on the user.</p>

INFORMATION OF THE USER REQUESTING ACCESS			
ID Number	Name and Surname	E-mail Address	Phone Number

Requester

I request access rights to the servers specified above for the external connection I will make to the system(s) and declare that I accept responsibility for any problems that may arise with my given identity after being granted these access rights on the systems.

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Requester

Authorized Company/Institution Representative

Name Surname/Signature

Name Surname/Signature

3RD PARTY
<p>* This category includes documents that can be accessed by users who are third parties to the information systems and by service, software, or hardware providers that offer technical support to the information systems.</p> <p>** Once completed, signed, and an electronic copy is printed, it gains the status of a Confidential Document.</p>

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Personnel Executing the Operation

Approving Authority

Name Surname/Signature

Name Surname/Signature