



NATIONAL RADIO ASTRONOMY OBSERVATORY

Division of Computing and Information Services

PERMISSION TO CONNECT NON-NRAO DEVICE TO NRAO NETWORK

Agreement for NRAO staff, visitors, and Contractors who wish to connect non-NRAO computers, mobile phones, etc., to NRAO networks. This form must be completed and submitted to a local site representative of the NRAO Computer Security Committee before the computer/device is connected. The employee's manager, or visitor's sponsor, must co-sign the form. (Note: this form is NOT necessary to connect to the "Visitor" wi-fi network "NRAOPublic" in CV or NM).

1. Name: _____ 1a. If NRAO Staff, RAO#: _____
 Sponsor/Manager (required): _____

2. If a contractor, duration at NRAO: _____

3. The **computer** (hostname: _____) I wish to connect is (check one in each column):

- | | |
|--|--|
| <input type="checkbox"/> desktop or server | <input type="checkbox"/> Normally located in my home |
| <input type="checkbox"/> laptop | <input type="checkbox"/> Travels with me |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> Located elsewhere: _____ |

4. The computer I will use to access the NRAO network runs:

- Apple OS/X; Version: _____
- Linux; Distribution, Version: _____
- Windows; Version and Service Patch level: _____
- Other: _____

Type of Interface:

- Ethernet
MAC Addr: _____
- Wireless (802.11, Wifi):
MAC Addr: _____
- Modem

5. I request permission to run the VPN client on my system:

- Yes; State reason: _____
- No. Please supply me with VPN Client Software.

The VPN client is *not* needed for many services; it should only be requested if no alternative is viable. Ask a systems administrator if in doubt. It is proprietary software that you **cannot** re-distribute, and may be subject to export controls.

6. **Security.** Please check and fill in all relevant boxes:

- | | |
|--|---|
| <input type="checkbox"/> All local accounts have a non-empty password.
(for phone-like devices, this is the power-on password or pin) | <input type="checkbox"/> Virus Protection program: _____ |
| | <input type="checkbox"/> Spyware Protection programs: _____ |

7. I have received or reviewed a copy of the following and agree to abide by them:

- NRAO Computer Security Policy: <http://www.nrao.edu/ccs/securitypolicy.pdf>
- NRAO Computer Use Policy: <http://www.nrao.edu/policy/usepolicy.shtml>

Signature: _____

Date: _____

Sponsor signature: _____

Date: _____

Office Use Only Date: _____ SysAdmin Initials: _____ Configured in DHCP? _____
