City of Philadelphia
Department of Public Health
VPN/Remote Access Connectivity Request

To process this request all fields must be complete.

Send to: Division of Information Technology
1101 Market Street, 10th floor

Date: _____

Name: _____ **E-mail** _____

Unit: _____ **Phone #:** _____

Location: _____ **Payroll #:** _____

Resource requested: ☐ Email

☐ Other Explain: _____

_____

Justification: _____

_____

_____

_____

_____ _____
Division Director **Date:**

_____ _____
Appropriate Deputy/Assistant Health Commissioner or Chief of Staff **Date:**

_____ _____
Health Commissioner **Date:**

Comments:

Technical Staff Only:

SSL Acct _____ **Extranet** _____ **I-Notes:** _____

User ID: _____ **Password:** _____

Created by: _____ **Date:** _____