Virtual Private Network Agreement Form

FOR AFFILIATED USERS OF THE UW-MADISON,
SCHOOL OF MEDICINE AND PUBLIC HEALTH, UWHEALTH OR
UWMF USING DEPARTMENT OF MEDICINE NETWORK RESOURCES

PRINT or TYPE information below. Send completed forms to DOM Helpdesk
1685 Highland Ave, Rm 5269, Madison, WI 53705-2281
Fax: 608-262-6743
Questions call the Help Desk at 608-265-4466

TERMS OF USAGE

I understand and agree that the Virtual Private Network (VPN) software provided by the Department of Medicine is for use solely to connect to internal information services in support of clinical, research, and educational missions of the University of Wisconsin.

I understand that the VPN key assigned to me is tied to my account and actions performed while using the VPN software will be tied to my account as well. I agree not to share my VPN key with anyone.

In the event of loss or theft of my computer or if I transfer ownership to another individual, I will notify the Dept of Medicine Help Desk (608-265-4466) as soon as possible so that my personal VPN key can be disabled in order to prevent unauthorized access by another individual.

Installation of up-to-date virus protection software and a personal firewall is required for computers on the VPN. Anti-virus and personal firewall software is available, free of charge, from the Department of Medicine helpdesk. Computers that do not comply with this requirement or are found to be infected with viruses or worms will be disconnected from the VPN system.

VPN keys will not be installed on computers that do not have a DOM identification number.

User Information

<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
<th>Work Phone:</th>
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<th>DOM Machine ID</th>
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Department of Medicine Computer Policies

- The VPN key created will be unique to you. Keys are not to be shared with others. In the event of loss or theft of the computer containing a key, immediately call the Computer Help Desk (608) 265-4466 to have the key disabled.

Signing below indicates that the user has read and is aware of the policies listed!

User Signature & Date

Return completed form to the Information Systems Help Desk J5/224 CSC (in bin located on the door) or fax 608-262-6743