



Information Technology Services STS-06 Security Services Request Form

1. Date of Request: _____

2. Requesting Agency

Name: _____

Telephone: _____

Federal ID #: _____

Fax: _____

Fiscal Office: _____

25-digit Account Billing Code: _____

Billing Address: _____

(Telecommunication Services requires a valid Department Billing Code to ensure proper billing)

City, County, State, Zip: _____

Fiscal Office/Budget Authorization Signature

IS Department Contacts

Name: (print) _____

Name: (print) _____

Signature: _____

Email Address: _____

Title: _____

3. Request Type

New Service: Upgrade: Relocate: Termination: Shared Service¹:

Site ID (for existing sites only): _____ System/District-id (for E-rate customers only): _____

4. Security Service Type

Customer Premise

Standard: Standard Plus: Premium:

Options:

SSL VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Premium Plus: High Performance:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

High Throughput High Throughput Plus:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Customer Premise Add-Ons:

5 Additional VPN Groups #groups

Cloud Based

Cloud Shared: Cloud Dedicated:

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Cloud Based Add-Ons:

5 Additional VPN Groups Choose an item.

¹ Requires a completed STS-04 form
STS-06 August 2021



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Remote Access SSL/VPN

[Click here to enter text.](#)

Security Consulting Hours _____

5. Site Information

Address of Service Installation

(Physical location where service is to be installed)

Site Name: _____

Street Address: _____

City, State, Zip: _____

County: _____

Building, Room #, where equipment is to be installed

(Up to 5 feet from Equipment Rack/ITS Router)

Bldg, Room: _____

Current Service Address

Site Name: _____

Street Address: _____

City, State, Zip: _____

Office Hours/Days: _____

Building Access Contact

Name: *(print)* _____

Email Address: _____

Telephone #: _____

6. Security Contact Information

Only the personnel listed below will have authority to initiate problem reports or configuration changes to firewalls, VPNs, or IPS devices managed by ITS.

Signature: _____

Primary Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Alternate Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Additional Problem Ticket Reporting / Configuration Change Requestors (up to 4):

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization:
Problem Ticket: Change:

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization:
Problem Ticket: Change:

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization:
Problem Ticket: Change:

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Authorization:
Problem Ticket: Change:



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7. Remarks/ Special Instructions

8. Customer Information and Responsibilities

- Security service installation occurs between 45 and 60 days from the date of the Consultation Meeting signoff. Typical service termination occurs between 30 and 45 days from date of request. NOTE: Service targets will be extended if fully completed request forms are not submitted.
- Please be specific in your description of the Building and Room # (Address of Service Installation) to ensure the firewall is installed near the router and CSU/DSU. If information is not completed correctly, then service installation dates will be extended beyond the 45 to 60 days.
- The Customer agrees to pay the OSBM approved rate for the term of this agreement. This agreement will be in effect for three (3) years from the date the service is declared operational. This agreement will be automatically renewed on a month-to-month basis thereafter.
- The Customer acknowledges that they have read and understood the terms and provisions in the [ITS Service Catalog](#) for the appropriate service and accepts the terms and conditions as indicated.

Upload this completed form to the DIT Service Now Portal:

https://ncgov.servicenowservices.com/sp_dit

***Sign into the Service Now Portal using NCID credentials & attach this form to your request.

NC Department of Information Technology Service Delivery

DIT Home Page Web Address: <https://it.nc.gov/>

DIT Service Desk: (919) 754-6000; 1-800-722-3946



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