VPN and/or MCI ACCESS REQUEST FORM

PLEASE *CHECK / FILL OUT* THE FOLLOWING INFORMATION:

Important: you **must** have one of the following operating systems:

❒ WINDOWS 95 (Version B or later) ❒ WINDOWS 98 ❒ WINDOWS NT

and must a have CD ROM drive. Do you have a CD ROM drive?: ❒ Yes ❒ No

Will you be using a PC or Laptop:
❒ PC ❒ Laptop

Are you on a dialup or high speed network?
❒ Dialup ❒ High speed

DATE:

1.	Agency Name: DMHAS / Fill this in – name of your facility
2.	Agency Address: Fill in your street, city, CT, and zip
3.	User Name: Name of User Work Phone #: Your phone #
4.	Contact Name: Contact Phone #: (860) 418-6627
5.	Contact FAX #: (860) 418-6699
6.	Dialup (Do you need MCI, or are you currently using a dialup such as AOL, SNET, NetZero, Compuserve… etc.) I use _____ for Dial up OR: I Need MCI for Dial up or do you have a High Speed Line (VPN): I am on a High Speed Network
7.	Additional Information:

Return to:

DMHAS ISD
410 Capitol Ave.
Hartford, CT 06134

Phone: **(860) 418-6644**
Fax: **(860) 418-6896**