Department of Mental Health and Addiction Services
Information Technology Department
VPN Token Request Form

**dmhas**

http://www.ct.gov/dmhas

- For help completing this form, Facilities contact your Local I.T. Coordinator, OOC contact DMHAS – Help Desk 860-262-5058
- <u>TYPE</u> your information in all fields, **PRINT**, **SIGN** <u>HANDWRITTEN, incomplete, or out of date forms will not be accepted.</u>
  - o **Facilities give form to your Local I.T. Coordinator; OOC,: scan signed form and email to MHA-DMHAS-Helpdesk@ct.gov**

1. <u>User Information:</u>

| Date: | |
|---|---|
| Name  First MI Last: | |
| Facility: | Site Name(ie: FSD, Dutcher) |
| Facility Address: Street 1: | City: |
| Street 2: | State:                    Zip: |
| Phone # at Facility: ()     -          Ext: | Email Address: |

2. <u>Request:</u>

☐ **First Time Request for a Token**

☐  **Assign a new name to an existing token:**

| Current Token User Name: | Token Serial #: |
|---|---|
| Assign Token to: | |

| <u>Notes:</u> |
|---|
| |

3. <u>Approval:</u>

| Signature of Requester: | |
|---|---|
| Typed Name: | Date: |

| Signature of Requester's Supervisor: | |
|---|---|
| Typed Name: | Date: |

| Signature the Local Facility I.T. Contact: | |
|---|---|
| Typed Name: | Date: |

Revised 5/30/12