

Prairie View A&M University

Internet Protocol (IP) Address Service Request

All requests will be reviewed each year and re-certification will be required. All requests must be typed or printed and must be signed before request will be honored. Send completed form to Information Technology Services SR Collins Room 126. Call 936-261-9300 for request inquiries. Please allow 3 business days for processing.

Contact Information	Location
Requested By: Phone Number: E-mail Address:	Office Location: Bldg: Dept:
Approver Information	Location
Name: Phone Number: E-mail Address: Dept Head: (Mandatory) _____ Signature	Office Location: Bldg: Dept: Dept Head : _____ (Mandatory) _____ Please Print
Date: _____	Date: _____

Please Check the Appropriate Answer

Type of Service: New Modification Deletion

Is a static IP address required? Yes No

Device Type: Printer Server Workstation Other

If Other Please Specify: _____

Device Name: _____

Device Location: Building: _____ Rm: _____

Domain Name Service (DNS) Required? Yes No

Specify Domain Name: _____

Is access to the device from the public Internet required? Yes No

Specify firewall port settings required for access via the public Internet? Yes No

Port Number	Port Type	Port Description (example 23/T, for telnet)
Port #: _____	<input type="checkbox"/> UDP <input type="checkbox"/> TCP <input type="checkbox"/> B	_____
Port #: _____	<input type="checkbox"/> UDP <input type="checkbox"/> TCP <input type="checkbox"/> B	_____
Port #: _____	<input type="checkbox"/> UDP <input type="checkbox"/> TCP <input type="checkbox"/> B	_____
Port #: _____	<input type="checkbox"/> UDP <input type="checkbox"/> TCP <input type="checkbox"/> B	_____
Port #: _____	<input type="checkbox"/> UDP <input type="checkbox"/> TCP <input type="checkbox"/> B	_____

Please Provide Justification:

ITS Use Only

IP Address Assigned:
DNS servers:
Completed by:

Subnet Mask:
WINS servers:
Date Complete:

Gateway Address: