State of Montana
DEPARTMENT OF CORRECTIONS
OFFENDER ACCESS TO DOC COMPUTER VLAN REQUEST

This form will be used for all requests for offender access to the DOC Computer VLAN. Please complete and route this request form in the order of the following sections.

The following portion to be completed and signed by the work supervisor:

DOC Division: __________________________________________

Offender Work Location: ______________________________________

Offender Name: _____________________________________________ Offender ID#: __________

Justification for VLAN request: __________________________________________

______________________________________________________________

Work Supervisor Printed Name: _________________________________

Work Supervisor Signature: ___________________________ Date: __________

Program Manager/Director Signature: __________________________ Date: __________

The following section is to be completed by the appropriate administrator, or designee:

Approved: □ Disapproved: □ Date: __________

Comments: ___________________________________________________

Printed Name: __________________________ Signature: _____________

The following section to be completed by the DOC Information and Business Technology Bureau:

□ Approved: □ Disapproved: Date: __________

Comments: ___________________________________________________

Printed Name: __________________________ Signature: _____________

Printed Name: __________________________ Signature: _____________

User ID # assigned: __________________________ Effective Date: __________

Upon completion of all sections above, send copies to originating work location, Facility Security Manager/Major, and DOC Information and Business Technology Bureau (COR Help Desk.)