



UCLA CHPR Secure File Transfer Access Request

User Information

This section pertains to the user that will gain access to our systems. Shared accounts are not permitted. A separate form is required for each user that needs access.

Name: _____

Email Address: _____

Phone Number: _____

Organization: _____

IT Contact Information

This will be used in case we have any questions or if we need to supply additional technical information that will be used when accessing our server.

Name: _____

Email Address: _____

Phone Number: _____

Originating IP Address

To gain access to our Secure File Transfer server, CHPR IT needs to whitelist the source address from which the connection will originate. This could be a single IP address, IP range, or Subnet.

Please provide one of the above in the space below:

*Note: We require an external IP address/range. Internal IPs such as 192.168.0.X, 10.0.0.x, and 172.16.0.x are not valid.

Requester Information

Requester Name: _____

Relationship to user: _____

Requester Signature:

Date:
