

Milligan Firewall Exception Request Form:

Requester Information:	
Name:	Department/Title:
Phone:	Email:

<u>Server Hostname</u>	<u>Server IP Address</u>	<u>Exempted TCP ports</u>	<u>Exempted UDP Ports</u>	<u>Effective Date</u>	<u>Expiration Date (12 months max)</u>

Justification:

Signatures below indicate acknowledgement that the requested access increases potential risk of a security breach.

	<u>Signature</u>	<u>Date</u>
Requester		
Area Vice President		
Director of Information Technology		