

IP PASS THROUGH REQUEST FORM

	District:	
4/12/2012 All Categories must be filled out before	Name:	
you send it in!	Date:	

Building / Device	Your 10. Address	Protocol TCP/UDP/ IP	Ports	Reason for opening Device / Device Description	External IP Address / Assign by LACA

Security Notice

This action violates LACA's security policy. Therefore LACA will not be responsible for any lost of data, control, or any other damage to your network as a result of this action. By signing below you and those you represent are agreeing to take full and complete responsibility for any and all damages to any servers, routers, workstations, peripherals, or any equipment attached to your network. Also, if proven, you will accept responsibility for any and all damages to all equipment owned by LACA or any other districts as a result of attacks or negligence by any employee, contracted agency, or outside entity through the portals you have requested. Lastly by signing below you agree that you have read, understood, and agree the entirety of this clause.