System Configuration Change Request Payment Card System -UNL

Requestor's Information						
Name	Title	Phone	E-mail Address			
Merchant Number	Department Name	Date of Request	Date Needed			
Firewall Configuration Changes						
Describe Purpose or Need for System Change						
The following access changes are requested for the identified PCI Server: IP or IP Range ————————————————————————————————————						
PCI Server IP Address: -	-	TCP UDP Other:				
Terserver if Address.			# In Out			
		TCP UDP Other:				
Email Completed Form To:						
Bursar <u>bursar@unl.edu</u> IS Security <u>dan.buser@unl.edu</u> and <u>cherylo@unl.edu</u> Once IS Security has approved the request, they <u>will forward the form to the Firewall Management Team.</u>						

This Section for Completion by IS ONLY:						
Scan Updates Required for Change:				None		
Request Approved by:						
	IS Security	Date	IS Networking	Date		