



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.)