

VPN REQUEST FORM



UNIVERSITY OF HEALTH SCIENCES LAHORE
For World Class Professionals

Part I: Personal Information

Name: (Prof/Dr/Mr/Mrs/Miss/Ms): _____
Designation: _____ Department: _____
Address: _____
Contact #: _____ E-Mail: _____
CNIC #/Passport #/UHS ID: _____

Part II: Departmental Endorsement

It is certified that Prof/Dr/Mr/Mrs/Miss/Ms. _____ is currently
working as _____ in this department.

Signature: _____ Date: _____

(Head of Department)

Part III: VPN Access Declaration (For Off-Campus Access)

I understand that the off-campus access is a privilege given to me by UHS Library and therefore I shall be subject to all conditions set upon from time to time without prior notice. The username and password are **strictly** for my personal research and learning purposes and UHS Library has the right to revoke this privilege if there is a proof that I knowingly disclose the access codes to any third party.

Signature: _____

Date: _____

Part IV: For Office Use Only

Membership No. _____

User's Name _____ Password: _____

Date of Grant _____ Date of Expiry: _____

Signature (Librarian): _____ Signature (Director IT): _____

Name. (Approving Authority): _____ Signature: _____