

# BEST SFTP

## Account Request Form

A completed application form with the correct authorized signature is required to add or remove BEST SFTP access. The signatory of this form authorizes the creation or removal of the specified account. This may include a LACOE VPN account if your district does not have direct access to the LACOE network. Please contact the BEST Help Desk at (562) 922-8888 with any questions.

**A separate form must be used for each end user. Upon completion, scan the form and email it to [helpdesk@laoe.edu](mailto:helpdesk@laoe.edu) or fax the form to (562) 469-4103.**

Check the boxes for the services you are requesting and specify the date they should take effect:

☐ **Add SFTP User**      ☐ **Remove SFTP User**

☐ **VPN** Does the user require VPN access to LACOE? If checked, a new LACOE VPN account will be created if one does not already exist for the user.

### User Information

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_ Work Site: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Select one of the below:

☐ **District Employee** District: \_\_\_\_\_

☐ **Contractor/Consultant** Company: \_\_\_\_\_

Dates of Assignment From: \_\_\_\_\_ To: \_\_\_\_\_

☐ **LACOE Employee** Site: \_\_\_\_\_

☐ **Other (Please Specify):** \_\_\_\_\_

### In signing this, you are authorizing the creation of this account.

If you are unsure who in your district is authorized to sign this document, contact the BEST Help Desk at (562) 922-8888.

Authorized By (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorizing Signature (Required):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_