

**Section 1**

- I need to make a change to an existing firewall rule (Our application has changed.)
- I need a new firewall rule. (This is a new or existing application that does not have a firewall rule.)
- I need to have a firewall rule deleted. (We don't need it any more.)

**Section 2**

This section is to be completed in full by the initiator of the request, in most cases will be GC personnel with the help of IT staff.

**2.1 Requestor / Contact Information**

Please include full names, phone, e-mail and other pertinent information for all contacts.

**Georgian College Business & Technical Contacts:**

Name	Phone	Extension	E-Mail	Location / Company

**External Technical Contacts**

Name	Phone	Extension	E-Mail	Location / Company

**2.2 Justification / Reason**

To help us clearly understand your requirements, please state what application or service we are to protect with this firewall rule. If you do not have this firewall rule, will your application work? Is there a requirement due to privacy issues? If there are additional documents for this application, please identify and reference them in this section.

**2.2.1 Online Documentation**

Provide any link or URL to any document that describes the application requirements

## Section 3

This section details the required networking information. The information in this section will most likely be completed by external technical contacts.

Rule #	Application or Service	Port(s) or Service(s).	Destination host(s) or address(es)	Source host(s) or address(es) *see Note 1	Date / Time Information *see Note 2
1					
2					
3					
4					

Note 1: This value will most likely be "All Internal Addresses". There may be instances where firewall rule targets (a) specific server(s) or (a) specific work group(s).

Note 2: Is this rule to be active 7x24, specific times of day, or only until a specific date?

By signing this document, you acknowledge that the Infrastructure and Security team will evaluate the existing environment to determine the best course of action to satisfy the requirements of this request. Firewall changes are only implemented once a week, after the request has been approved and scheduled by the Change Control review committee.

\_\_\_\_\_  
Authorized Client Name (Printed)

\_\_\_\_\_  
Authorized Client Signature

\_\_\_\_\_  
Date

## Section 4

This section is to be completed by Information Technology Staff

Rule #	Application or Service	Port(s) or Service(s).	Destination host(s) or address(es)	Source host(s) or address(es) *see Note 1	Date / Time Information *see Note 2
1					
2					
3					
4					

Ticket Number	
Change Request Number	
Request Received (Date)	
Date required by:	
Rule Approved	
Rule applied or removed	
Work performed and confirmed with client by	
Rule Number(s)	

Information Technology Contacts

Comments: