

**REQUEST FOR FIREWALL ACCESS
FORT KNOX CAMPUS AREA NETWORK**

For use of this form, see AR 25-2.

1. ORGANIZATION NAME/LOCATION:	2. IASO NAME/PHONE NO.:	3. SYSTEM NAME, ACRONYM, AND DESCRIPTION:
4. PRIMARY POINT OF CONTACT (Local):	4a. E-MAIL/PHONE NO.:	
5. PRIMARY POINT OF CONTACT (External):	5a. E-MAIL/PHONE NO.:	

6. DURATION OF CONNECTION: From: _____ To: _____	7. ACCREDITATION INFORMATION ON RECORD: <input type="checkbox"/> Yes <input type="checkbox"/> No	8. AITR ID NO.: (Can be found at https://aitr.us.army.mil)
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9. EXTERNAL CONNECTION(S) REQUIRED: (List the IP address/range of the source (KNOX) and destination devices)

Source IP	Subnet Mask	Destination IP	Subnet Mask

10. PORTS/PROTOCOLS: (List the ports/protocols required for operation and communication)

Port	Protocol	Port	Protocol

11. CONNECTION AGREEMENT

The connection requested is required for official government business.

Connection to the Fort Knox Campus Area Network constitutes consent to monitoring. Initial and/or periodic vulnerability assessments may be conducted on any connected system.

System owner agrees to adhere to all Army and Fort Knox Information Assurance policy.

In cases of security violations or uncoordinated reconfigurations affecting the network security posture, the system will be immediately disconnected from the network and the user identified above will be notified.

Certification and Acknowledgement:

ACTIVITY/UNIT INFORMATION ASSURANCE OFFICER (Typed Name)

SIGNATURE

DATE