

# ITS Wireless Access Point (WAP) Authorization Request Form

Please complete and return to NDSU IT Security Officer Theresa Semmens, IACC 206. E-mail [ndsu.itso@ndsu.edu](mailto:ndsu.itso@ndsu.edu) with questions.

Name of person making this request: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ EmplID: \_\_\_\_\_

This is a request:  to authorize an existing wireless access point (WAP).  
 to add a WAP in order to provide/continue service.

Building where new or existing WAP is located: \_\_\_\_\_ Room # (or area): \_\_\_\_\_

Is the existing WAP or would a new WAP be connected to the NDSU Wired Network?  yes  no

Please describe why a WAP is needed in this room or area.

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If you have an existing WAP, please indicate:

Service Set Identifier (SSID): \_\_\_\_\_ WAP manufacturer: \_\_\_\_\_ MAC address: \_\_\_\_\_

IP Address (if static): 134.129. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ Type of antenna: \_\_\_\_\_

Radios:  2.4 GHz (802.11b/g)  
 5.0 GHz (802.11a)

Describe the security measures you have, or will have, in place on your WAP:

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### *This section for ITS use only*

If reason is *weak signal*, has site survey been completed by Network Services?  Yes  No

Network Services Recommendation: \_\_\_\_\_

Have Security credentials been verified on this device by Network Services?  Yes  No

- Allow installation and Assign SSID: NDSU- \_\_\_\_\_ -N
- Extend NDSU wireless to this area
- Private Access Point not permitted

Dr. Jeffery Gerst, NDSU Chief Information Officer \_\_\_\_\_ Date: \_\_\_\_\_

Theresa Semmens, NDSU IT Security Officer \_\_\_\_\_ Date: \_\_\_\_\_