



FEDVRS Workplace Access and Firewall Support - Request Form

Who can qualify to complete this request form?

Current (active) and retired Federal/Military employees. Validation (proof) will be required.

Types of validation you can use:

- Letter from your supervisor using the agency's official letterhead authorizing this request
- Sending an email message from your work – showing your Federal/Military email address
- Copy of Federal Government or agency photo ID

Workplace (office) Information

Agency Name*	
Your Full Name*	
Street Address*	
Suite/Dept/Room*	
Town, State, Zip*	
Work Email*	
Work Fax*	
Work Phone*	
Job Title*	
Supervisor's Name*	
Supervisor's Email address*	
IT¹ Name*	
IT Phone Number*	
IT Email address*	

* Required

¹ IT – Information Technology, on-site technician who could be a network engineer, firewall specialist, network administrator or Telecommunications Specialist

Support Inquiry

Does your agency have an existing videoconference system in place? (h.320)	Yes _____, No _____ (If yes, what type of system do you have?) Brand _____, Model # _____ Connection Bandwidth: 128k _____, 384k _____, T-1 _____, Other _____
Do you have broadband (high speed) access in your office?	LAN _____, DSL _____, Cable _____, ISDN _____, Other _____ Upload speed _____ Download speed _____
Do you have a web cam?	Yes _____, No _____ If yes, brand _____, Model # _____
Do you have a videophone²?	Yes _____, No _____ If yes, brand _____, Model # _____
PC Type	Windows _____ MAC _____
PC info	How old is your computer? _____ MHz _____ RAM _____ CPU ³ _____
Operating System	Windows ME _____, 95 _____, 98 _____, 2000 _____, XP _____ MAC 9.2 _____, X _____, Other _____
How many deaf/HOH employees in your building?	_____
Agency's ISP Carrier (email and Internet Access)	Carrier #1 _____ Carrier #2 _____

Additional Comments:



Please return this request form AND validation proof to: fedvrshelp@sprint.com

² Sorenson VP -100, D-Link DVC-1000 or other TV-based products
³ Pentium 1, 2, 3 or 4