



Department of Corrections

Web Filter Waiver Form

This form is valid for one (1) year from the signed approval date. The completed form must be signed by the requester, Requestor Supervisor or Designee, the Department of Corrections (DOC) Commissioner's office; then sent back to the DOC IT at doc-network@alaska.gov

Signing this form acknowledges your agreement to adhere to SOA policies, to include ISP Web Filtering and ISP 172 Business Use/Acceptable Use.

Return this form, completed to: doc-network@alaska.gov

APPLICANT INFORMATION:

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
TITLE	<input type="text"/>	PHONE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>				

IS THIS A RENEWAL: YES NO

ACCESS GROUPS (Mark Requested access)

- | | | |
|--|---|--|
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Religion | <input type="checkbox"/> Remote Tools |
| <input type="checkbox"/> Social Networking | <input type="checkbox"/> Sports | <input type="checkbox"/> Streaming Media |
| <input type="checkbox"/> Training | <input type="checkbox"/> Online Storage | <input type="checkbox"/> Full Access * |

** If you request Full Access please attach a document containing a thorough explanation of why your duties require Full Internet Access.*

Internet sites requesting access to:

Business Requirement for above access?

SIGNATURE: _____

DATE: _____

SUPERVISOR OR DESIGNEE APPROVAL:

PRINT: _____

PHONE: _____

SIGNATURE: _____

DATE: _____

COMMISSIONER OR DESIGNEE APPROVAL:

PRINT: _____

PHONE: _____

SIGNATURE: _____

DATE: _____