Florida Department of Education Office of Student Financial Assistance (OSFA) Secure File Transfer Protocol (SFTP) Setup Request Form

This is to request that OSFA provide the following file(s) via SFTP on the OSFA server. This request form must be attached to an e-mail, sent by a person with signature authority to request such file(s). Send the requesting e-mail to OSFASecurity@fldoe.org.

Institutio	n FDOE # & Name:		
Administ	trative Contact		
	Name: Phone:		
	E-mail:		
Technica	l Contact		
	Name:		
	Phone:		
	E-mail:		
Do you w	vish to send or receive 2	ıll avai	ilable files?
Yes	□ Send □	Receiv	ve 🗆 Both
□ No (Iı	ndicate file names below)	ı	
110 (1	reduction inclines selow)		
	ich SSFAD file(s) do ye end, retrieve or both:	ou wis	sh to send and retrieve via SFTP? Please specify if you
SFTP ser	ver IP address, your Us	er ID a	contact your technical contact and provide our OSFA and Password, and the name of the folder directory, as es will be sent/retrieved securely.
One of th	ne following methods is	requir	red:
	TP over Secure Shell	-	PGP, exchanging keys
`	SSH) / Secure FTP		
	elf Decrypting PGP TPS (FTP/SSL)	0	HTTPS manual
\circ F	119 (L11/99F)		

If you have a preferred method for receiving User ID, password and key information, please indicate. If you do not indicate a preferred method, this information will be supplied via telephone call to the technical contact.

Should you have questions regarding the SFTP, please contact OSFASecurity@fldoe.org.