

## After Install Remote Backup Client Verification Form

Name: \_\_\_\_\_ District: \_\_\_\_\_

Node name: \_\_\_\_\_ District No.: \_\_\_\_\_

Application:\* \_\_\_\_\_

**\* Please note: A separate form must be completed for each application that is being backed up by the Remote Backup Service on each machine**

Node start date for Remote Backup processing: \_\_\_\_\_

Verification of dsm.opt/dsm.sys should be updated to include all files needed for an adequate restore and exclude all files that are not needed for restore.

dsm.opt (dsm.sys for specified clients) verification date: \_\_\_\_\_

Full restore test date: \_\_\_\_\_

Signed By: \_\_\_\_\_

**Please print, sign and return Remote Backup Forms via facsimile attention:**

Will Holden and/or Barb Andrews (716) 821-7204

Remote Backup questions should be directed to:

Will Holden ([wholden@e1b.org](mailto:wholden@e1b.org)) (716) 821-7041

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