

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION	DATE
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PART I (To be completed by User)

1. NAME (LAST, First, MI)		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. ACCOUNT CODE
6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE (DSN)

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE
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PART II (To be completed by User's Security Manager)

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION
12. VERIFIED BY (Signature)		13. PHONE NUMBER
		14. DATE

PART III (To be completed by User's Supervisor)

15. ACCESS REQUIRED (Location) – i.e., DMC or DMC's		
16. ACCESS TO CLASSIFIED REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES	17. TYPE OF USER <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> SYSTEM	<input type="checkbox"/> SECURITY ADMINISTRATOR <input type="checkbox"/> APPLICATION DEVELOPER <input type="checkbox"/> OTHER (Specify)

18. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	20. ORG./DEPT.	21. PHONE NUMBER	22. DATE
23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG./DEPT.	25. PHONE NUMBER	26. DATE

PART IV (To be completed by AIS Security Staff adding user)

27. USERID (Mainframe)	28. USERID (Mid-Tier)	29. USERID (Network)
30. SIGNATURE	31. PHONE NUMBER	32. DATE

PRIVACY ACT STATEMENT

The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Public Law 98-473, and Public Law 99-474, Counterfeit Access Device and Computer Fraud and Abuse Act of 1984. Your SSN will be used to identify you precisely when it is necessary to 1) identify you as an authorized user of or 2) verify you have the required Personnel Security Investigation to access a DISA Automated Information System. Although disclosure of your SSN is not mandatory, your failure to do so may impede your access to a DISA System, or possibly result in denial of your being granted access to that system.