

# SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

## PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

|                 |   |      |
|-----------------|---|------|
| TYPE OF REQUEST | <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input checked="" type="checkbox"/> DELETION | DATE |
| 20001225        |   |      |

### PART I (To be completed by User)

|  |                                      |  |
|--|--------------------------------------|--|
| 1. NAME (LAST, First, MI)<br>Doe, Jane M.    |                                      | 2. SOCIAL SECURITY NUMBER<br>111-11-1111 |
| 3. ORGANIZATION<br>RSA Chambersburg          | 4. OFFICE SYMBOL/DEPARTMENT<br>WEB03 | 5. ACCOUNT CODE<br>N/A                   |
| 6. JOB TITLE/FUNCTION<br>Computer Specialist | 7. GRADE/RANK<br>GS-12               | 8. PHONE (DSN)<br>DSN 000-0000 x000      |

#### 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<br><i>Jane M. Doe</i> | DATE<br>12/25/00 |
|--------------------------------------|------------------|

### 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<br>RSA Chambersburg                                     |   |  |
| 16. ACCESS TO CLASSIFIED REQUIRED?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | 17. TYPE OF USER<br><input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> SYSTEM | <input type="checkbox"/> SECURITY ADMINISTRATOR<br><input type="checkbox"/> APPLICATION DEVELOPER<br><input checked="" type="checkbox"/> OTHER (Specify) |

|  |  |
|--|--|
| 18. JUSTIFICATION FOR ACCESS<br>Ataaps Access<br><br>Deletion: Retired |  |
|--|--|

#### 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<br><i>Jones Supervisor</i> | 20. ORG./DEPT.<br>Y&Z | 21. PHONE NUMBER<br>570-8114 | 22. DATE<br>4/23/99 |
| 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)<br>DISA Lan account |  |
| 30. SIGNATURE          | 31. PHONE NUMBER      | 32. DATE                                 |  |