

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID	DATE (YYYYMMDD) 12341212
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SYSTEM NAME (Platform or Applications) AKULWN/AKCLWN/CENTRIX-K	LOCATION (Physical Location of System) Camp Red Cloud, Korea
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PART I (To be completed by Requestor)

1. NAME (Last, First, Middle Initial) DOE, John J.	2. ORGANIZATION 2ID/"Staff Section"/"Sub Section"
3. OFFICE SYMBOL/DEPARTMENT EAID-"Staff Section"	4. PHONE (DSN or Commercial) 315-732-1111
5. OFFICIAL E-MAIL ADDRESS john.j.doe.mil@mail.mil	6. JOB TITLE AND GRADE/RANK G6 Automation Helpdesk NCOIC E5/SGT
7. OFFICIAL MAILING ADDRESS 2ID/C Co/G6 APO, AP 96258	8. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER
9. DESIGNATION OF PERSON <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR	
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) 20121019	
11. USER SIGNATURE DOE, John J. (Digital Signature)	12. DATE (YYYYMMDD) 20121019

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

13. JUSTIFICATION FOR ACCESS
 TO PERFORM DUTIES AS "DUTY TITLE"

14. TYPE OF ACCESS REQUIRED:
 AUTHORIZED PRIVILEGED

15. USER REQUIRES ACCESS TO: UNCLASSIFIED CLASSIFIED (Specify category) SIPRNET
 OTHER CENTRIX-K

16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.) DEROS: 20131018 IAX:20131018 (1 Year after IA Completion)
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17. SUPERVISOR'S NAME (Print Name) DOE, Jane M.	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD) 20121019
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20. SUPERVISOR'S ORGANIZATION/DEPARTMENT 2ID/G6/Automation	20a. SUPERVISOR'S E-MAIL ADDRESS jane.m.doe.mil@mail.mil	20b. PHONE NUMBER (315) 732-1111
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21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER (315) 732-9534	21b. DATE (YYYYMMDD) 20121019
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22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT 2ID/G6	24. PHONE NUMBER 732-8024	25. DATE (YYYYMMDD) 20121019
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26. NAME (Last, First, Middle Initial)

DOE, John J.

27. OPTIONAL INFORMATION (Additional information)

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION Type of Investigation		28a. DATE OF INVESTIGATION (YYYYMMDD) 20121111	
28b. CLEARANCE LEVEL Clearance Level		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name) Last, First MI	30. SECURITY MANAGER TELEPHONE NUMBER 111-1111	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD) 20121111

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)