

REQUEST FOR NETWORK AND SYSTEM ACCESS

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 the Government automated information system (AIS) and/or to verify your level of Government security clearance. Disclosure of this information is mandatory. Failure to provide the information will prevent access being granted. Disclosure of records or the information contained therein may be specifically disclosed outside the DOD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5

PART I

Date: _____

Through (Unit Commander): _____

To: GS/SCBS, GS/SCBN IN TURN

PART II

User Information

New User: Update: Name Change: Previous Last Name: _____

Request the following individual be granted access to the base Local Area Network and the on-line systems designated below.

Last Name, First Name, Middle Initial:	Birth Month	Pay Grade - Military:
Unit and Office Symbol:	Duty Phone (DSN):	Duty Phone (COMM):
		Military Job Title:

PART III

Systems Requiring Access

LAN/WAN: EMAIL: OTHER:

PART IV

Certification

The individual listed in Part II above has read and understands each of the following statements, and must initial each statement below, to acknowledge receipt of training and understanding:

INITIALS:	I understand the network operates in a Sensitive But Unclassified (SBU) mode, and I will NOT introduce or process any classified data on the network.
	I acknowledge my responsibility to use the network for official government business only and will NOT use it for personal or private use or gain.
	I understand the need to protect my password and will NOT share it. I acknowledge I may be held liable for any actions taken under my account due to my failure to adequately protect my password from unauthorized disclosure.
	My password will consist of a minimum of eight characters, using a combination of upper and lower case letters, numbers, and special characters.
	I will NOT attempt to "hack" the network to gain access to data for which I am not specifically authorized. I will NOT download any sensitive data to other than government owned computers.
	I understand my responsibility to report any computer/network issues to my Workgroup Manager (WM) or Computer Security Manager (COMPUSEC Manager).
	I acknowledge that use of a DOD computer/network constitutes consent to monitoring, and that unauthorized use could result in administrative, criminal, or other adverse action.
	I acknowledge my responsibility to NOT introduce any software or hardware not acquired through official channels, or not approved in writing by the unit commander. I acknowledge my responsibility to virus-scan all software and data files before introducing it into a DOD computer/network.
	I understand my responsibility to complete the Information Assurance Awareness Program (IAAP). NOTE: COMPUSEC Manager attach initial training verification sheet for all new users.
	I understand that I am not permitted to install personal copies of any software onto government computers. I also understand that I am not permitted to copy software from government computers and install it on home or any other computers. I am fully aware of the software protection policies of the 121 ARW and agree to uphold these policies.
	I understand chain letters are prohibited and are NOT to be forwarded to anyone and will be reported immediately to my unit COMPUSEC Manager.
	In the event I leave the Air National Guard permanently, for any reason, it is my responsibility to inform my COMPUSEC Manager, so I may be removed from network and system access.

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

REQUEST FOR NETWORK AND SYSTEM ACCESS (Continued)

Date initial IAAP training completed:

PART V Security Clearance Information (completed by Unit Security Manager/Alternate)

Type Investigation:	Date Granted:	Clearance Level:
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Security Manager (Name/Rank/Title):	Security Manager Signature:
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PART VI User Certification

"I certify that I have been fully briefed and provided training relative to the use of the local area network, all on-line systems I have the need (in my assigned job) to access, and the proper use of the WWW browser and electronic mail systems. I understand that protection of official government data is paramount to mission accomplishment. I understand that violations of these procedures may be reason to have my access to all systems immediately revoked, and that these violations may also be punishable by both civil (criminal) and military (UCMJ) actions."

Date:

Typed Name/Rank of individual listed in PART II:	Signature of individual listed in PART II:
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PART VII Information System Security Officer (ISSO) Certification

"I certify that I have provided (as a minimum) training in the requirements listed below, and the individual requires access to the systems listed."

Date:	Work Order Number
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Typed Name/Rank of unit ISSO:	Signature of unit ISSO:
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PART VIII CS/SCB Use Only Information Assurance (IA) Office Review

IA Review Date:	IA Review Initials:
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Approved for access as requested:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
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Return to unit ISSO for completion/recertification:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
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Reason request return to ISSO:

PART IX Network Control Center (NCC) (Optional)

Loaded in NT (Initials):	Loaded in Exchange (Initials):
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User Name:

Date ISSO Notified:	ISSO Notified by (Initials):
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