

LATERAL OR LOW-TO-HIGH TRANSFER REQUEST FORMS

REQUESTOR'S INFORMATION			
Requestor's Name:			
I have reviewed the files listed below and verified classification of the file(s) is/are correct.			
Request Date:		Signature:	
DATA TRANSFER DETAILS			
Name of File(s) to be transferred (include file types, e.g. .doc, .xls) and classification of the file (in the filename or listed below):			
Data Source System:		Data Target System:	
If data is transferred via media, Disposition after transfer:	Destroy	Retain	
MEDIA CONTROL OFFICER			
Media Control Officer Name:			
Date:		Signature:	
DATA TRANSFER PROCESS			
TASK	YES	NO	
1. Media Control Log Completed			
CONTROL LOG NUMBER:			
2. Media Scanned on Source System			
3. Media Closed/Finalized			
4. Media Labeled (Media Control #, Classification)			
5. Media Scanned on Target System and verified closed/finalized			
6. Media Destroyed			
7. Media Retained			
DATA TRANSFER AGENT CERTIFICATION			
DTA Name:			
Date:		Signature:	

FORM INSTRUCTIONS:

REQUESTOR'S INFORMATION:

Classification: Self-explanatory (classification of the filename, not the file)

Requestor's Name: Self-explanatory

Date: Self-explanatory

Signature: Requestor's Signature showing review of files and classification of the files for transfer.

DATA TRANSFER DETAILS:

Name of File(s): List all files to be transferred. User will send email with transfer files or link to file share that files have been saved to. A document (text file or screenshot) can be attached if the list of files is too long. Include the file classification in the filename or in this block after the filename and include the file types. Examples:

Example 1 in filename: (U-FOUO) Testfile.pdf

Example 2 on form block: Testfile.pdf (U-FOUO)

Data Source System: System where the data is coming from. This could be as simple as "NIPR" or provide more details as in the name of the system and location on the system depending on your unit's needs.

Data Target System: System where the data is going to. This could be as simple as "CV2 L3" or provide more details as in the name of the system and location on the system depending on your unit's needs.

Disposition after Transfer: Mark either "DESTROY" or "RETAIN" for the media disposition after transfer.

MEDIA CONTROL OFFICER:

Media Control Officer Name: Self-explanatory

Date: Self-explanatory

Signature: Media Control Officer's Signature

DATA TRANSFER PROCESS:

This section will be filled in by both the Media Control Officer and the Data Transfer Agent. The Media Control Officer will initiate the media log information and provide the control number on this form. Once the Media Control Officer gives the media to the Data Transfer Agent, the remaining process lines will be completed by the Data Transfer Agent.

DATA TRANSFER AGENT CERTIFICATON:

DTA Name: Self-explanatory

Date: Self-explanatory

Signature: DTA's Signature showing completion of file transfer. The Media Control Officer and Data Transfer Agent cannot be the same person.

Classification: Self-Explanatory