

HIGH-TO-LOW TRANSFER REQUEST FORMS

REQUESTOR'S INFORMATION		
Requestor's Name:		
Date:	Office Symbol:	
Requestor's Signature:		
DATA TRANSFER DETAILS		
Name of File(s) to be transferred (include file types, e.g. .doc, .xls):		
Classification:	Justification:	
Data Source System and Classification:		
Data Target System and Classification:		
If data is transferred via media, Disposition after transfer:	Destroy	Retain

REQUESTOR'S INFORMATION – PAGE 2		
Requestor's Name:		Date:
SME CERTIFICATION		
I certify I reviewed the data in this transfer request. The data is properly marked and contains appropriate data classification levels of the destination facilities, computers or networks. I acknowledge I am fully accountable for the introduction of this data into all destination facilities, computers, or networks.		
SME #1 CERTIFICATION		
Date:		
SME #1 Printed Name:		
SME #1 Signature:		
SME #2 CERTIFICATION – Required if transferring to non-SAP system		
Date:		
SME #2 Printed Name:		
SME #2 Signature:		
ISSM CONCURRENCE		
Date:	Concur:	Nonconcur:
ISSM Printed Name:		
ISSM Signature:		
GSSO CONCURRENCE		
Date:	Concur:	Nonconcur:
GSSO Printed Name:		
GSSO Signature:		
PSO CONCURRENCE		
Date:	Concur:	NonConcur:
Comments:		
PSO Printed Name:		
PSO Signature:		

REQUESTOR'S INFORMATION – PAGE 3			
Requestor's Name:		Date:	
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			
6. Media Destroyed			
7. Media Retained			
DATA TRANSFER AGENT CERTIFICATION			
DTA Name:			
Date:		Office Symbol:	
DTA Signature:			