

CLASSIFICATION:

ACCOUNT REQUEST FORM			
APPLICANT INFORMATION			
First Name:		Last Name:	
Organization:		Phone:	
Request Date:		Signature:	
ISO OR DESIGNEE ACCOUNT APPROVAL			
I certify that the applicant requires access to the system in the performance of his/her duties and I will re-evaluate the need for this account and notify the ISSM/ISSO when it is no longer needed.			
First Name:		Last Name:	
Date:		Signature:	
ACCOUNT TYPE			
Initial Account Request		Account Modification Request	
GENERAL USER			
PRIVILEGED USER		Privileged User Type:	
TEMPORARY ACCOUNT		Dates of Use:	
GROUP ACCOUNT		NOTE: User informed of group account policy and procedures	
OTHER ACCOUNT TYPE		Type of Account:	
SYSTEM INFORMATION			
System Name/UID:			
System PIDs:			
If multi-level system, user PIDs (from list of system PIDs):			
Folder access or specific requirements:			
SECURITY OFFICER (GSSO, CPSO) CERTIFICATION			
I certify that the applicant reflects briefed in JADE to all required PIDs (listed above) and the facility approved by the PSO.			
First Name:		Last Name:	
Date:		Signature:	
ISSM/ISSO CERTIFICATION			
I certify that the applicant has received initial/annual computer security training and has signed an Access Agreement.			
General User Agreement Signed		Privileged User Agreement Signed and Training Certificates Verified	
First Name:		Last Name:	
Date:		Signature:	

CLASSIFICATION:

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ACCOUNT REQUEST FORM	
APPLICANT INFORMATION	
First Name:	Last Name:
ACCOUNT CLOSURE/DELETION	
Received Account Closure Notification Date:	Notified by:
Account Activity:	Disabled Deleted
Date Disabled or Deleted:	
Notes/Comments:	
SYSTEM ADMINISTRATOR CERTIFICATION	
I certify that the applicant's account has been closed as stated above.	
First Name:	Last Name:
Date:	Signature:
ISSM/ISSO CERTIFICATION	
I certify that the applicant's account has been closed and documented.	
First Name:	Last Name:
Date:	Signature:

CLASSIFICATION:

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FORM INSTRUCTIONS:

Place Classification of the form at the top and bottom of each page..

APPLICANT INFORMATION:

First Name: Self-explanatory

Last Name: Self-explanatory

Organization: Self-explanatory

Phone: Self-explanatory

Request Date: Self-explanatory

Signature: Applicant's Signature

ISO OR DESIGNEE ACCOUNT APPROVAL:

First Name: Self-explanatory

Last Name: Self-explanatory

Date: Self-explanatory

Signature: Applicant's Signature

ACCOUNT TYPE:

Select either "Initial Account Request" or "Account Modification Request"

Select the type of account: General, Privileged, Temp Account, Group Account, or Other Account

Privileged User: Select the type of privileged user (SysAdmin, Auditor, or DTA or enter your own description)

Temporary Account: Show dates required for temporary account

Group Account: Mark that user has been informed of group account policy and procedures (e.g., logs)

Other Account Type: If other than above, show account type

SYSTEM INFORMATION:

System PIDs: List all the PIDs allowed to process on system

User PIDs: If a multi-level system, list PIDs user is allowed to process on the system.

Folder Access or Specific Requirements: List any specific folders user can access or any requirements/restrictions on user account

SECURITY OFFICER CERTIFICATION:

First Name: Self-explanatory

Last Name: Self-explanatory

Date: Self-explanatory

Signature: GSSO/CPSO Signature showing certification of user and facility accesses for system

ISSM/ISSO CERTIFICATION:

User Agreement: Mark agreement user signed (General and Privileged) (NOTE: Privileged users must sign both.)

First Name: Self-explanatory

Last Name: Self-explanatory

Date: Self-explanatory

Signature: ISSM/ISSO Signature showing certification of user training and receipt of Access Agreement

PAGE 2:

APPLICANT INFORMATION:

First Name: Self-explanatory

Last Name: Self-explanatory

ACCOUNT CLOSURE/DELETION:

Received Account Closure Notification: Date notification received to close account

Notified by: Can either put specific names or titles in this block

CLASSIFICATION:

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Account Activity: Mark if the account was disabled or removed and the date it was done.

Notes/Comments: Any notes/comments regarding the disabling or deletion of the account.

SYSTEM ADMINISTRATOR CERTIFICATION:

First Name: Self-explanatory

Last Name: Self-explanatory

Date: Self-explanatory

Signature: System Administrator Signature showing certification of account closure.

ISSM/ISSO CERTIFICATION:

First Name: Self-explanatory

Last Name: Self-explanatory

Date: Self-explanatory

Signature: ISSM/ISSO Signature showing certification and documentation of account closure.

CLASSIFICATION: