

## 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 Social Security Numbers 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 type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION <input type="checkbox"/> USER ID _____		DATE _____
SYSTEM NAME <i>(Platform or Applications)</i>		LOCATION <i>(Physical Location of System)</i>

#### PART I *(To be completed by Requestor)*

1. NAME <i>(Last, First, Middle Initial)</i>		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. PHONE <i>(DSN or Commercial)</i>
6. OFFICIAL E-MAIL ADDRESS	7. JOB TITLE AND GRADE/RANK	
8. OFFICIAL MAILING ADDRESS	9. CITIZENSHIP	10. CONTRACT NR <span style="float: right;">^</span>

#### USER AGREEMENT *(Complete Block 29 or 30 as appropriate)*

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DISA/DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

#### IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*

~~I have completed Annual Information Awareness Training.~~      DATE \_\_\_\_\_

11. USER SIGNATURE	12. DATE
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#### 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

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14. TYPE OF ACCESS REQUIRED:  
 AUTHORIZED     PRIVILEGED    ~~LEVEL OF CERTIFICATION CLEARANCE~~

15. USER REQUIRES ACCESS TO:     UNCLASSIFIED     CLASSIFIED *(Specify category)*  
 OTHER \_\_\_\_\_

16. VERIFICATION OF NEED TO KNOW  
 I certify that this user requires access as requested.        16a. EXPIRATION DATE FOR ACCESS *(Specify date if less than 1 year)*

17. SUPERVISOR'S NAME <i>(Print Name)</i>	18. SUPERVISOR'S SIGNATURE	19. DATE
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20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
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21. WEBEIS ADMINISTRATOR	21a. PHONE NUMBER	21b. DATE
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22. SIGNATURE OF IA O	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE
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26. SYSTEM ADMINISTRATOR:  
 I have completed my Annual Requirement for Information Assurance awareness.

YES     NO      DATE \_\_\_\_\_

27. OPTIONAL INFORMATION

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

28. TYPE OF INVESTIGATION		28a. CLEARANCE LEVEL	
28b. IT LEVEL DESIGNATION	28c. DATE	28d. TYPE OF DESIGNATION	
29. VERIFIED BY <i>(Print name)</i>		30. SIGNATURE	31. DATE

~~PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION~~

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