

**USAID UNCLASSIFIED INFORMATION SYSTEMS  
ACCESS REQUEST ACKNOWLEDGEMENT**

I acknowledge, as an Authorized Individual ("User") requiring access to USAID information systems, that:

1. I am required to comply with USAID regulations, policies, procedures, and guidelines regarding the protection of USAID information systems from misuse, abuse, loss, or unauthorized access. I understand that any violation of those regulations may result in administrative action, civil or criminal prosecution, or termination of employment.
2. I will process only Unclassified information on systems designated for unclassified use. I will process CLASSIFIED information only on systems specifically indicated for classified processing.
3. I must create and use a password consisting of at least seven characters that cannot be easily guessed, and does not contain a word found in any language. My password must contain three of the following characters: uppercase letters, lowercase letters, numbers, and symbols. I am required to change my password every 90 days or at the interval prescribed for the system. I must not reuse old passwords. I understand that USAID reserves the right to change my password or terminate my access at any time.
4. I must protect my password and application user codes (if any). Should I suspect a compromise of my password or application user codes, I must report suspected compromise to my supervisor and designated system administrator. I understand that my password will be changed immediately upon suspicion of compromise.
5. I will not enter my password or application user code in a file or record maintained in any automated system for the purpose of effecting an "autologin" feature for my convenience, unless the feature has been approved for use by the ISSO for USAID.
6. I must not share my user-IDs, passwords, or application user codes. I must not write down my password or application user codes where others might easily find it. I must store my password or application users codes in an approved locking container or safe or otherwise protect its detection through the use of approved encryption technology.
7. I must LOG OFF or use a password protected screen saver at any time that I leave my terminal unattended. I must LOG OFF when my terminal will remain unattended for more than two hours.
8. I am required to immediately notify the system administrator for my system when there is a change in my employment status and/or when my access to the system is no longer required.
9. I will access only those applications for which access authorization by the system administrator has been granted. I will use government equipment only for approved purposes.
10. I am prohibited from using information acquired from access via a Federal computer system for personal gain, profit, or publication without the prior written approval of my supervisor.

**ACKNOWLEDGEMENT**

PRINTED NAME	SIGNATURE	OFFICE SYMBOL
BUSINESS ADDRESS	PHONE NUMBER	DATE