

REQUEST FOR JSC PRODUCTS OR SYSTEM ACCESS

Fill Parts 1 - 4 Using Adobe Acrobat READER

Type of Request Initial Modification	Request Date	Social Security Number (hover for Privacy Act Statement)
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PART 1 REQUESTOR INFORMATION (Fill this Form Using Adobe Acrobat READER, Only)

Last Name	First Name	Middle Initial	Suffix
Employment Contractor US Military US Government	Grade / Rank	Job Title	
Department Name	Organization / Agency Name	Office Symbol	
Street Address			
Street Address (continued)			
City	State	Postal Code	Country (if outside U.S.)
NIPRNET E-mail Address		SIPRNET E-mail Address	
Commercial Phone Number	DSN Phone Number	Fax Number	Cell Phone Number
Secure Voice Number	Secure Fax Number	Cage Code	List <u>All</u> Citizenships or Passports Held
Your DKO / AKO (NIPR) User Account Name (if you have one)		Your DKO-S / AKO-S (SIPR) User Account Name (if you have one)	

PART 2 REQUESTED SMGH9 AG / PRODUCTS (Fill this Form Using Acrobat READER, Only)

Names of All JSC Products & Systems Requested (please also include ALL JSC products you currently receive / use)

System Access Requested Classified Unclassified	Account Privileges Requested Read Privileges Write Privileges Administrator Privileges
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I Have Completed Annual Information Assurance Awareness (IAA) Training	IAA Training Date:
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If you are requesting SPECTRUM XXI software, and it is not available at your location, please check this box. Your SXXI account will not be created until you inform the SXXI Help Desk (COM 410.293.7994, DSN 312.281.7994) that SXXI software is installed.

SXXI Training Location	SXXI Training Date
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STATEMENT OF ACCOUNTABILITY

Digital Signature of Requestor

- I will access JSC resources only from platforms meeting DISA security requirements.
- I understand DISA policies and procedures regarding classified data and systems.
- I will submit another SAR within 30 days if any of the above information changes or my account is no longer required.
- All information on this form is accurate to the best of my knowledge.

PART 3 APPROVAL BY REQUESTOR'S GOVERNMENT SPONSOR #A5B5; 9F Á

Sponsor / Manager Last Name	Sponsor / Manager First Name	Middle Initial	Suffix
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Sponsor / Manager Job Title	Grade / Rank	Commercial Phone Number	DSN Phone Number
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Sponsor / Manager NIPRNET E-mail Address	Sponsor / Manager SIPRNET E-mail Address
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If Requestor is a Contractor:	Requestor's Contract Number	Requestor's Contract Expiration Date
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Justification for granting requestor access to JSC products/services

I Certify the Requestor Requires Access As Requested	<i>Digital Signature of Sponsor / Manager (Use Acrobat READER)</i> Á
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PART 4 CLEARANCE VERIFICATION BY REQUESTOR'S SECURITY MANAGER Á

Security Manager Last Name	Security Manager First Name	Middle Initial	Suffix
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Security Manager Commercial Phone Number	Security Manager DSN Phone Number
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Security Manager NIPRNET E-mail Address	Security Manager SIPRNET E-mail Address
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Type of Investigation	Date of Investigation	Clearance Level	<i>Digital Signature of Security Manager (Use Acrobat READER)</i> Á
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IT Level Designation	Level I Level II Level III	
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PART 5 ACCOUNT PROCESSING & CREATION BY JSC STAFF

<i>Digital Signature of JSC Security Manager</i>	<i>Digital Signature of JSC Information Assurance Officer</i>
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System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name
			NIPR (U) SIPR (S)
			NIPR (U) SIPR (S)
			NIPR (U) SIPR (S)
			NIPR (U) SIPR (S)
			NIPR (U) SIPR (S)

Additional Notes