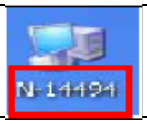
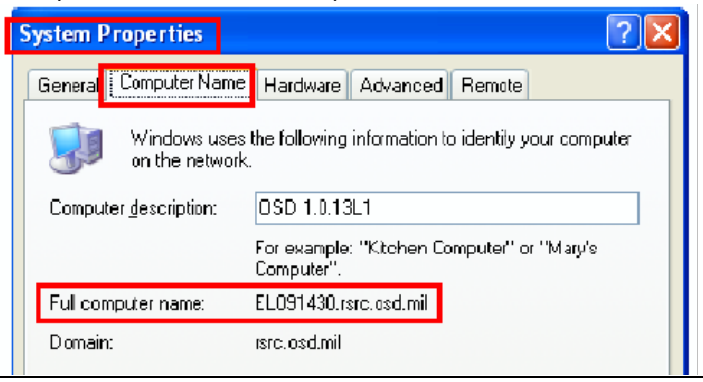
Print Form

Enterprise IT Services Directorate
Request for Data Transfer/Removable Media Approval

Instructions

Section 1	
1. Type of Request	Is this an initial, modification or deactivation request?
2. Date	Select the date.
3. Requester Name	Person's name (Last, First, MI) requesting data transfer or write access to removable media.
4. Requester Affiliation	Select from Government Civilian/Military/Contractor.
5. Personal Identity/ EDIPI	EDIPI from Common Access Card (CAC) (Press Ctrl+Alt+Delete to retrieve EDIPI from the logon information section *(e.g., 1234567890@mil)*.
6. Phone	Contact phone number.
7. Organization	List the Directorate and Division *(e.g., ITMD/IAD, ASD(NII))*.
8. Email	NIPRNET e-mail address to receive pertinent information.
Section 2	**(Complete EITHER Section 2 OR Section 3, not both)**
9. Connection Status	Is the system connected to the network or a standalone?
10. Removable Media Method	Removable media includes the following: CDs, DVDs, USB drives (all types), Secure Digital (SD) cards, Tape, Flash Memory data storage devices, MultiMediaCards (MMC), removable hard drives), etc. Removable media defined in CTO 10-133 includes items such as tape/disk backup of hard drive removal per SSO SCIF requirements unless these media are intended for distribution.
11. System Name	What is the system name?  For OSD machines, the System Name is the Full Computer Name. From the Desktop, right-click My Computer, click Properties, and click the Computer Name tab, as shown below. 
12. Computer Location	The location in which the system requested to transfer data to removable media is located.
13. Device Serial Number and Barcode Number	For devices such as USB hard drives, list the device serial number and barcode number. For CD/DVD, list the Data Transfer ID.
14. Justification	A written operational mission requirement and justification must be included for each request. Submissions without a mission statement or justification will be denied.
15. Requestor Signature 16. IT Manager Approval 17. DAA or Authorized Representative Approval	Obtain digital signature approval from your IT Manager (ITM). ITM, use the Email button to submit to IA.
Section 3	
18. Description of Transfer - Subject	Summarize the subject matter of the data to be transferred.
19. Justification	A written operational mission requirement and justification must be included for each request. Submissions without a mission statement or justification will be denied.
20. Impact of Not Implementing	Explain the mission impact if the request is not approved.
21. Originating Network	Check the box that corresponds to the network location and connection status between which data is requested to be transferred.
22. Destination Networks	Check the box that corresponds to the network location and connection status between which data is requested to be transferred.
23. Requestor Signature 24. Supervisor Approval 25. Data Transfer Authority/ Data Transport Personnel Approval	Obtain digital signature approval from your supervisor and Data Transfer Authority/Data Transport Personnel. DTA/DTP, use the Email button to submit to IA.

Enterprise IT Services Directorate
Request for Data Transfer/Removable Media Approval

Section 1: Requester Information

1. Type of Request			
2. Date			
3. Requester Name *(Last, First, MI)*			
4. Requester Affiliation			
5. Personal Identity/EDIPI		**6. Phone**	
7. Organization *(Directorate/Division)*		**8. Email** *(NIPR)*	

Section 2: Data Transfer to Removable Media Authorization

(Request for SIPRNET Data Transfer to Removable Media Authorization. Do not complete Section 3 if completing this section.)

9. Connection Status		**10. Removable Media Method**	
11. System Name		**12. Computer Location**	
13. Device Serial Number and Barcode Number *(if present)*			

14. Justification *(Explain the organization's mission requirement)*

15. Requester Signature	
16. IT Manager Approval	
17. DAA (or Authorized Representative) Approval	

Section 3: Traditional Data Transfer Request

(Request to move data from a network of a higher classification to one of a lower classification. Do not complete Section 2 if completing this section.)

18. Description of Transfer - Subject

19. Justification *(Explain the organization's mission requirement)*

20. Impact of Not Implementing *(Explain the impact to the mission if the request is not approved)*

21. Originating Network *(Choose one)*	**22. Destination Network** *(Choose one)*

23. Requester Signature	
24. Supervisor Approval	
25. Data Transfer Authority/Data Transport Personnel Approval	

Send Completed Form