

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 other identifiers 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"/> DEACTIVATE <input type="checkbox"/> USER ID		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications)		LOCATION (Physical Location of System)

PART I (To be completed by Requestor)

1. NAME (Last, First, Middle Initial)	2. ORGANIZATION												
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)												
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK												
7. OFFICIAL MAILING ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">8. CITIZENSHIP</td> <td colspan="2">9. DESIGNATION OF PERSON</td> </tr> <tr> <td><input type="checkbox"/> US</td> <td><input type="checkbox"/> FN</td> <td><input type="checkbox"/> MILITARY</td> <td><input type="checkbox"/> CIVILIAN</td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td></td> <td><input type="checkbox"/> CONTRACTOR</td> <td></td> </tr> </table>	8. CITIZENSHIP		9. DESIGNATION OF PERSON		<input type="checkbox"/> US	<input type="checkbox"/> FN	<input type="checkbox"/> MILITARY	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> OTHER		<input type="checkbox"/> CONTRACTOR	
8. CITIZENSHIP		9. DESIGNATION OF PERSON											
<input type="checkbox"/> US	<input type="checkbox"/> FN	<input type="checkbox"/> MILITARY	<input type="checkbox"/> CIVILIAN										
<input type="checkbox"/> OTHER		<input type="checkbox"/> CONTRACTOR											
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) _____													
11. USER SIGNATURE	12. DATE (YYYYMMDD)												

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

14. TYPE OF ACCESS REQUIRED:
 AUTHORIZED PRIVILEGED

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. <input type="checkbox"/>	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)
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17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)
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20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
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21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)
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22. SIGNATURE OF IA/O OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)
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26. NAME (Last, First, Middle Initial)

27. OPTIONAL INFORMATION (Additional information)

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

28. TYPE OF INVESTIGATION

28a. DATE OF INVESTIGATION (YYYYMMDD)

28b. CLEARANCE LEVEL

28c. IT LEVEL DESIGNATION

LEVEL I LEVEL II LEVEL III

29. VERIFIED BY (Print name)

30. SECURITY MANAGER
TELEPHONE NUMBER

31. SECURITY MANAGER SIGNATURE

32. DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

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