SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST	DATE
☒ INITIAL ☐ MODIFICATION ☐ DELETION	

PART I *(To be completed by User)*

1. NAME *(LAST, First, MI)*	2. SOCIAL SECURITY NUMBER

3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. ACCOUNT CODE

6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE *(DSN)*

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE

PART II *(To be completed by User's Security Manager)*

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION

12. VERIFIED BY *(Signature)*	13. PHONE NUMBER	14. DATE

PART III *(To be completed by User's Supervisor)*

15. ACCESS REQUIRED *(Location) - i.e DMC or DMC's*

UMS

16. ACCESS TO CLASSIFIED REQUIRED?	17. TYPE OF USER	
☒ NO ☐ YES	☒ FUNCTIONAL ☐ SYSTEM	☐ SECURITY ADMINISTRATOR ☐ APPLICATION DEVELOPER ☐ OTHER *(Specify)*

18. JUSTIFICATION FOR ACCESS

This is to submit reports to DTIC electronically via the WWW .

My I/P address is _____

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	20. ORG./DEPT.	21. PHONE NUMBER	22. DATE

23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG./DEPT.	25. PHONE NUMBER	26. DATE

PART IV *(To be completed by AIS Security Staff adding user)*

27. USERID *(Mainframe)*	28. USERID *(Mid-Tier)*	29. USERID *(Network)*

30. SIGNATURE	31. PHONE NUMBER	32. DATE

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