USAAC INFORMATION SYSTEM ACCESS REQUEST

(For use of this form see USAAC Reg 380-XX to be published)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552a(e)(3)(A) and 40 USC 1441.

PRINCIPAL PURPOSE: Used to identify, verify, and authorize automated information systems (AIS) users and assign user identification (ID) codes required to access USAAC host systems.

ROUTINE USES: To assign user ID code(s) and add user ID for access to USAAC host system(s).

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in denial of user ID issuance and access to the USAAC host system.

TYPE OF REQUEST ☐ INITIAL ☐ MODIFICATION ☐ DELETION

PART I *(To be completed by User)*

1. NAME			
a. Last	b. First	c. Middle	d. Generation

2. SOCIAL SECURITY NUMBER	3. GRADE/RANK	4. PHONE (DSN or COMM)	5. OFFICE SYMBOL/DEPARTMENT	6. RSID

7. JOB TITLE/FUNCTION	8. AKO E-MAIL ADDRESS

9. COMMAND OR ORGANIZATION	10. BRIGADE OR DIRECTORATE	11. BATTALION OR DIVISION	12. COMPANY OR BRANCH

13. DATE OF BIRTH	14. PLACE OF BIRTH				15. US CITIZEN
	a. CITY	b. COUNTY	c. STATE	d. COUNTRY	☐ Yes ☐ No

I have read and understand the USAAC Information Systems Security Briefing for Users, Supervisors, and Managers of Automated Information Systems.

16. USER SIGNATURE	17. DATE

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

18a. ACCESS REQUIRED ☐ USAAC-NET ☐ E-MAIL

☐ .MIL PORTAL ☐ PKI ☐ ARISS
☐ COGNOS ☐ CCIMS ☐ TSACS
☐ COML ISP ☐ HRAP ☐ UAN w/INTERNET
☐ OTHER: _____
☐ OTHER: _____

18b. IF ARISS ACCESS REQUIRED, INCLUDE APPLICANT TYPE, MODULE, AND MODULE ROLE AS LISTED IN BIGSUR.

APPLICANT TYPE: _____

☐ FAZR ROLE: _____
☐ LEADS ROLE: _____
☐ MPA ROLE: _____
☐ PER ROLE: _____

19. ACCESS TO CLASSIFIED REQUIRED? ☐ NO ☐ YES

20. TYPE OF USER ☐ FUNCTIONAL ☐ APPLICATION DEVELOPER

☐ IAM/IASO ☐ OTHER: _____
☐ SYSTEM ADMIN ☐ OTHER: _____

21. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW

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

22a. SUPERVISOR NAME *(Last, First, MI)*	22b. PHONE NUMBER
22c. SIGNATURE OF SUPERVISOR	22d. DATE

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

23. CLEARANCE LEVEL	24. TYPE OF INVESTIGATION	25. DATE OF INVESTIGATION	26. CHECK BOX IF NO RECORD OF INVESTIGATION ON FILE ☐

27a. SECURITY MANAGER'S NAME *(Last, First, MI)*	27b. PHONE NUMBER
27c. SECURITY MANAGER'S SIGNATURE	27d. DATE