SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)										
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	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. SES: None.									
TYPE OF REQUEST	DIFICATION DEACTIVATE				DATE (YYYYMM	DD)				
INITIAL MODIFICATION DEACTIVATE USER ID LOCATION (Physical Locations) LOCATION (Physical Locations)					ation of System)					
(y				
PART I (To be completed			I O O O O O O O O O O O O O O O O O O O							
1. NAME (Last, First, Mic	adie Initial)		2. ORGANIZATION							
3. OFFICE SYMBOL/DE	PARTMENT		4. PHONE (DSN or Commerc	cial)						
5. OFFICIAL E-MAIL ADI	DRESS		6. JOB TITLE AND GRADE/	'RANK						
7. OFFICIAL MAILING ADDRESS			8. CITIZENSHIP US FN OTHER		9. DESIGNATION MILITARY CONTRACT	CIVILIAN				
	10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) I have completed Annual Information Awareness Training. DATE (YYYYMMDD)									
11. USER SIGNATURE				_	12. DATE (YYYY)	 (MMDD)				
contractor - provide comp 13. JUSTIFICATION FOR				OVERNI	MENT SPONSOR (If individual is a				
14. TYPE OF ACCESS REQUIRED: AUTHORIZED PRIVILEGED 15. USER REQUIRES ACCESS TO: OF ACCUSED PRIVILEGED PRIVILEGED										
OTHER	UNCLASS	סורובט	CLASSIFIED (Specif	y catego	(<i>y)</i>					
16. VERIFICATION OF N	EED TO KNOW requires access as requested.		6a. ACCESS EXPIRATION DA Contract Number, Expiration							
17. SUPERVISOR'S NAM	ME (Print Name)	18. SUP	ERVISOR'S SIGNATURE 19. DATE (YYYYMMDD)							
20. SUPERVISOR'S OR	GANIZATION/DEPARTMENT	20a. SU	PERVISOR'S E-MAIL ADDRESS 20b. PHONE NUMBER							
21. SIGNATURE OF INFO	ORMATION OWNER/OPR		21a. PHONE NUMBER 21b. DATE (YYYYMMDD)			YYMMDD)				
22. SIGNATURE OF IAO	OR APPOINTEE	23. ORG	 GANIZATION/DEPARTMENT	24. PH	ONE NUMBER	25. DATE (YYYYMMDD)				

26. NAME (Last, First, M	Middle Initial)							
27. OPTIONAL INFORM	MATION (Additional i	nformation)						
PART III - SECURITY N	MANAGER VALIDAT	ES THE BACKGROUND INVE	STIGAT	TION OR CLEARANCE INFORMATIO	N			
28. TYPE OF INVESTIG		EG THE BAGKGROOMS HAVE		ATE OF INVESTIGATION (YYYYMME				
					,			
28b. CLEARANCE LEV	EL			28c. IT LEVEL DESIGNATION LEVEL I LEVEL II LEVEL III				
29. VERIFIED BY (Print	name)	30. SECURITY MANAGER		CURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)			
		TELEPHONE NUMBER						
PART IV - COMPLETIC	N BY AUTHORIZE	STAFF PREPARING ACCOL	JNT INF	ORMATION				
TITLE:	SYSTEM			ACCOUNT CODE				
	DOMAIN							
	SERVER							
APPLICATION DIRECTORIES FILES								
	DATASETS							
DATE PROCESSED	PROCESSED BY	(Print name and sign)		DATE (YYYYMMDD)				
(YYYYMMDD)	PROCESSED BY (Print name and sign)							
DATE REVALIDATED	REVALIDATED BY (Print name and sign)			DATE (YYYYMMDD)				
(YYYYMMDD)	(2 2							

INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

- **A. PART I:** The following information is provided by the user when establishing or modifying their USER ID.
- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).
- (3) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).
- (4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.
- (5)Official E-mail Address. The user's official e-mail address.
- (6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.
- (7) Official Mailing Address. The user's official mailing address.
- (8) Citizenship (US, Foreign National, or Other).
- (9) Designation of Person (Military, Civilian, Contractor).
- (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date.
- (11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).
- (12) Date. The date that the user signs the form.
- **B. PART II:** The information below requires the endorsement from the user's Supervisor or the Government Sponsor.
- (13). Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (14) Type of Access Required: Place an "X" in the appropriate box. (Authorized Individual with normal access. Privileged Those with privilege to amend or change system configuration, parameters, or settings.)
- (15) User Requires Access To: Place an "X" in the appropriate box. Specify category.
- (16) Verification of Need to Know. To verify that the user requires access as requested.
- (16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.
- (17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.
- (18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.
- (19) Date. Date supervisor signs the form.
- (20) Supervisor's Organization/Department. Supervisor's organization and department.
- (20a) E-mail Address. Supervisor's e-mail address.
- (20b) Phone Number. Supervisor's telephone number.

- (21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.
- (21a) Phone Number. Functional appointee telephone number.
- (21b) Date. The date the functional appointee signs the DD Form 2875
- (22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.
- (23) Organization/Department. IAO's organization and department.
- (24) Phone Number. IAO's telephone number.
- (25) Date. The date IAO signs the DD Form 2875.
- (27) Optional Information. This item is intended to add additional information, as required.
- C. PART III: Certification of Background Investigation or Clearance.
- (28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).
- (28a) Date of Investigation. Date of last investigation.
- (28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).
- (28c) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).
- (29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.
- (30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.
- (31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.
- (32) Date. The date that the form was signed by the Security Manager or his/her representative.
- **D. PART IV:** This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

E. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.