

## ePUBLICATION WATCH SYSTEM ACCESS REQUEST FORM

To request access to the ePublication Watch System, please provide the information below, then send this completed form via fax or USPS mail to the address listed at the bottom of this form. Your e-mail address will be used to notify you of your approved access.

**Please print clearly.**

Requester's Name:		
Job Title:	E-mail Address:	
Manager's Name:		
Job Title:	E-mail Address:	
Company Name:		
Department:		
Address:		
City:	State:	ZIP+4 Code:
Country (If other than US):	Telephone Number: ( )	Fax Number: ( )

Please list all publications and their frequency [daily, weekly, semi-weekly (twice a week), biweekly (every other week), monthly, bimonthly (every other month) and quarterly]. Use back of form if necessary.

### Privacy Act Statement

The collection of this information is authorized by 39 U.S.C. 401 and Public Law 100-235, Computer Security Act of 1987. This information will be used to assign computer logon IDs by which access to data and/or files on computer systems is limited to authorized persons through the use of computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; and to the Merit Systems Protection Board of Offices of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.

### User Responsibility Agreement Statement

I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for the information listed above whenever I change job positions. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

Requester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Manager Responsibility Agreement Statement

I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination of transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions regarding this ePublication Watch Web Access Request Form, please contact ePublication Watch System Technical Support at 877-640-0724 or e-mail us at [npubw.ncsc@usps.gov](mailto:npubw.ncsc@usps.gov); otherwise, forward this completed form by mail or fax to:

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NATIONAL CUSTOMER SUPPORT CENTER  
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