

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 checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications) Disease Reporting System internet (DRSi)		LOCATION (Physical Location of System) NMC Public Health Center

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		8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <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

1. The Requestor agrees to comply with block 27.

2. PROVIDE: the Reporting Unit(s) and the Name of the Clinic or Facility of the location for which you will report or monitor Medical Event Reports. Regional NEPMU account requestors will provide the NEPMU Name and NEPMU Reporting UIC (information is mandatory to process request in a timely manner).

EMAIL FORM TO : usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil
 FAX FORM TO: 757-953-0685 (DSN 377-0685)

14. TYPE OF ACCESS REQUIRED: <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input checked="" type="checkbox"/> OTHER SENSITIVE MEDICAL INFORMATION _____			
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.)	
17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR		21a. PHONE NUMBER	21b. DATE (YYYYMMDD)
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)

26. NAME (Last, First, Middle Initial)

27. OPTIONAL INFORMATION (Additional information)

I understand that to ensure the integrity, safety and security of Navy IT resources, when using those resources, I shall:

- Safeguard information and information systems from unauthorized or inadvertent modification, disclosure, destruction, or use.
- Protect Controlled Unclassified Information (CUI) and classified information to prevent unauthorized access, compromise, tampering, or exploitation of the information.
- Protect passwords for systems requiring logon authentication and safeguard passwords at the sensitivity level of the system for classified systems and at the confidentiality level for unclassified systems. Passwords will be classified at the highest level of information processed on that system.
- Virus check all information, programs, and other files prior to uploading onto any Navy IT resource.
- Report all security incidents immediately in accordance with local procedures and CJCSM 6510.01 (series).
- Access only that data, control information, software, hardware, and firmware for which I am authorized access and have a need-to-know, and assume only those roles and privileges for which I am authorized.
- Be subject to monitoring, and further understand that there is no expectation or right to privacy over the data and communications generated through my use. - Understand the information I'm viewing is for Official Use Only. Any misuse/unauthorized disclosure can result in civil/criminal penalty. I further understand that, when using Navy IT resources, I shall not:- Access commercial web-based e-mail (e.g. HOTMAIL, YAHOO!, AOL, etc.)
- Auto-forward official e-mail to a commercial e-mail account.
- Bypass, strain, or test IA mechanisms (e.g., Firewalls, content filters, anti-virus programs, etc.). If IA mechanisms must be bypassed, I shall coordinate the procedure and receive written approval from the Local IA Authority (CO or OIC).
- Introduce or use unauthorized software, firmware, or hardware on any Navy IT resource.
- Relocate or change equipment or the network connectivity of equipment without authorization from my Local IA Authority.
- Use personally owned hardware, software, shareware, or public domain software without authorization from the Local IA Authority. - Upload executable files (e.g., .exe, .com, .vbs, or .bat) onto Navy IT resources without the approval of the Local IA Authority.- Participate in or contribute to any activity resulting in a disruption or denial of service.
- Write, code, compile, store, transmit, transfer, or introduce malicious software, programs, or code.
- Put Navy IT resources to uses that would reflect adversely on the Navy (such as uses involving pornography; chain letters; unofficial advertising, soliciting or selling except on authorized bulletin boards established for such use; violation of statute or regulation; inappropriately handled classified information; and other uses that are incompatible with public service).

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 <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> 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)

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.