	SYSTEM AUTHO	RIZATI	ON ACCESS REQUES	T (SAAR	2)	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Executive Order 10450, 9397; and To record names, signatures, and access to Department of Defense and/or paper form. None. Disclosure of this information is we prevent further processing of this	nd Public L d other ide e (DoD) sy roluntary; l	entifiers for the purpose of valid estems and information. NOTE	dating the t E: Records	rustworthiness of may be maintair	ned in both electronic
TYPE OF REQUEST	DISIONATION DEPOSITIVATE			(DATE (YYYYMM	DD)
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PART I (To be completed 1. NAME (Last, First, Mid			2. ORGANIZATION			
(Last, Frist, Wile	and milaly		2. 01(0/11/12/11/01/			
3. OFFICE SYMBOL/DEF	PARTMENT		4. PHONE (DSN or Comme	rcial)		
5. OFFICIAL E-MAIL ADD	DRESS		6. JOB TITLE AND GRADE	/RANK		
7. OFFICIAL MAILING AL	DDRESS		8. CITIZENSHIP US FN OTHER	(9. DESIGNATION MILITARY CONTRACT	CIVILIAN
	VARENESS CERTIFICATION REdeted Annual Information Awarene				ınctional level ac	cess.)
11. USER SIGNATURE			<u> </u>		12. DATE (YYY)	/MMDD)
	IT OF ACCESS BY INFORMATIO any name, contract number, and o			OVERNM	ENT SPONSOR	If individual is a
14. TYPE OF ACCESS RI	EQUIRED: PRIVILEGED					
15. USER REQUIRES AC	CESS TO: UNCLASS	SIFIED	CLASSIFIED (Special	fy category	·)	
OTHER		1 16	Sa. ACCESS EXPIRATION DA	TE (Contra	- notore must speci	ify Company Namo
16. VERIFICATION OF NI	EED TO KNOW equires access as requested.	- $ $ "	Contract Number, Expiration			
17. SUPERVISOR'S NAM		18. SUPI	ERVISOR'S SIGNATURE		19. DATE (YYY	YMMDD)
20. SUPERVISOR'S ORG	GANIZATION/DEPARTMENT	20a. SUF	PERVISOR'S E-MAIL ADDRES	SS	20b. PHONE N	JMBER)
21. SIGNATURE OF INFO	DRMATION OWNER/OPR		21a. PHONE NUMBER		21b. DATE (YY	YYMMDD)
22. SIGNATURE OF IAO	OR APPOINTEE	23. ORG	 ANIZATION/DEPARTMENT	24. PHO	 NE NUMBER	25. DATE (YYYYMMDD)

26. NAME (Last, First, Middle Initial) 27. OPTIONAL INFORMATION (Additional information)	
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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.