

## Data Transfer Agent (DTA) Authorization Form

Printed Name:	Applicable System Name(s)/Contract(s):
---------------	--

### Manager Request

I request the above named individual be authorized to perform Data Transfers. I understand this process involves both knowledge of classification issues and attention to detail in reviewing information and following the process for performing a transfer of data. I also understand that transferring information from a classified environment to an unclassified environment increases the risk of compromising classified information and will instruct authorized employees under my supervision to perform these actions only when absolutely necessary.

Printed Name:

Signature:

Date:

### Acceptance of Responsibility

I have attended training and understand both the risks associated with performing a Data Transfer and the mechanisms associated with the process. I understand that all media generated from a classified system must be labeled and handled at the highest level of data on the system unless an AFT High-To-Low Procedure is performed. I understand it is my responsibility to perform this process as outlined in the Data Transfer Procedures.

Signature:

Date:

### ISSM or ISSO Authorization

I certify that the individual identified above has been briefed in the vulnerabilities associated with transferring unclassified or lower classified information from an authorized system. Additionally, he/she has demonstrated extensive knowledge of all appropriate security classification guides and authorized procedures associated with the information downloaded.

Authorized AFT File Formats: ASCII/Text, HTM/HTML, JPEG, BMP, GIF  
Specify:

Printed Name:

Signature:

Date:

*Note: The Data Transfer Agent (DTA) Authorization Form is a template. Industry should modify the template to comply with any additional and/or contractual requirements.*