

# REQUEST FOR ARNORTH NETWORK SERVICE

(The proponent for this form is G-6)

## PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 10450,9397; and Public Law 99-474, the Computer Fraud and Abuse Act.

**PURPOSE:** To verify that access to an automated information system is being given to an individual who has met all security requirements. This information is required by the supporting Security Officer and Information Assurance Security Officer.

**ROUTINE USES:** To authorize access to LAN and E-mail.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Information is voluntary; however, failure to provide the information would be denial of access authorization to the Local Area Network and the e-mail privileges. This information will not be released to third parties.

### USER INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

RANK/GR: \_\_\_\_\_ TITLE: \_\_\_\_\_ SS #: \_\_\_\_\_

AKO EMAIL ADDRESS (MANDATORY): \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

SECTION: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM #: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DA CIVILIAN  MILITARY  CONTRACTOR \_\_\_\_\_

Common Access Card (CAC)? \_\_\_\_\_

**RESPONSIBILITY STATEMENT:** As an employee of the Federal Government and a user of information systems resources, I am cognizant of my responsibilities as follows: Resources will be used only for official duties. Data software, hardware and passwords will be protected to the best of my abilities. Proprietary and copyright material will be protected and accounted for. Personally owned computers will not be used to access Government information system resources. Security incidents will be reported to the IASO immediately. Users will only use their individually assigned ID and password, protect passwords and telephone access numbers as FOUO, access only the resources as authorized, and abide by applicable security regulations and guidelines.

**REQUESTOR:** I understand my responsibilities as a user IAW AR 25-2.

**SUPERVISOR:** I verify this user requires access as requested.

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IASO or Section Security Representative:

I verify that this user has completed Computer User Security Training and has signed Acceptable Use Policy (AUP).

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COMPLETED BY ARNORTH SECURITY MANAGER:

Appropriate level of clearance.  Completed favorable background investigation.

Other (Explain): \_\_\_\_\_

PRINT NAME : \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COMPLETED BY ARNORTH SYSTEM ADMINISTRATOR:

PRINT NAME : \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_