

US ARMY NORTH SHAREPOINT ACCESS REQUEST

PRIVACY ACT STATEMENT

PRINCIPLE 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 USE: 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.

PART I (To be completed by Requester)

1. NAME (Last, First, Middle Initial)		2. JOB TITLE AND GRADE/RANK	
3. ORGANIZATION		4. PHONE (Commercial)	
5. OFFICIAL E-MAIL ADDRESS			
6. WHAT SITE(S) DO YOU NEED ACCESS TO?			
7. HOW LONG DO YOU NEED ACCESS?			
8. JUSTIFICATION FOR ACCESS (Provide a detailed explanation and impact if request is denied):			
9. DOD CYBER AWARENESS DATE (Attach certificate to email)		10. SPONSOR (Select the ARNORTH personnel that will sponsor your access to the SharePoint Online site.)	
11. DIGITAL SIGNATURE		12. DATE (YYYY-MM-DD)	
(Adobe may take a few seconds to prepare the email)			

PART 2 (To be completed by Sponsor)

13. ACCESS REQUEST DECISION		14. REMARKS (As needed)	
15. DIGITAL SIGNATURE		16. DATE (YYYY-MM-DD)	
(Adobe may take a few seconds to prepare the email)			

PART 3 (To be completed by Command KM)

17. PROCESSED BY		18. DATE (YYYY-MM-DD)	
19. REMARKS (As needed)			

INSTRUCTIONS

The prescribing document is as issued by using DoD Component

A. PART 1: The following information is provided by the user when requesting access to the ARNORTH NIPR SharePoint site.

- (1) **Name.** The last name, first name, and middle initial of the requester.
- (2) **Job Title and Grade/Rank.** The civilian job title, military rank, or "CONT" if requester is a contractor.
- (3) **Organization.** The requester's current organization.
- (4) **Phone.** The best contact number for the requester.
- (5) **Official e-mail address.** The requester's official email address
- (6) **What site(s) do you need access to?** List the directorate/unit names.
- (7) **How long do you need access?** Enter date when access is no longer required.
- (8) **Justification for access.** Reason for requesting access and impact if denied.
- (9) **DOD Cyber Awareness Date.** Date of last exam. Date must be within one year of request.
- (10) **Sponsor.** Requester selects the directorate/unit that will accept responsibility of the requester.
- (11) **Digital Signature.** CAC signature of the requester.
- (12) **Date.** The date that the user signs the form.

B. PART 2: The following information is provided by the selected sponsor.

- (13) **Access request decision.** The sponsor selects Approved or Disapproved
- (14) **Remarks.** Enter remarks as need.
- (15) **Digital Signature.** CAC signature of the sponsor.
- (16) **Date.** The date that the sponsor signs the form.

C. PART 3: The following information is provided by the Command KM team.

- (17) **Procecced By.** The name of the KM team member that added the user to the external group.
- (18) **Date.** The date that the KM team member added the user to the external group.
- (19) **Remarks.** Enter remarks as need.