

## 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)

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

#### PART 2 (To be completed by Sponsor)

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

#### PART 3 (To be completed by Command KM)

<b>17. PROCESSED BY</b>	<b>18. DATE</b> (YYYY-MM-DD)
<b>19. REMARKS</b> (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.