

REQUEST FOR DSO PRODUCTS OR SYSTEM ACCESS

Fill Parts 1 - 4 Using Adobe Acrobat READER

PART 1 REQUESTOR INFORMATION

Last Name		First Name		Middle Initial	Suffix
Employment Contractor US Military US Government		Grade / Rank	Job Title		
Department Name		Organization / Agency Name		Office Symbol	
Street Address					
Street Address (continued)					
City		State	Postal Code	Country (if outside U.S.)	
NIPRNET E-mail Address			SIPRNET E-mail Address		
Commercial Phone Number	DSN Phone Number		Fax Number	Cell Phone Number	
Secure Voice Number	Secure Fax Number		Cage Code	List <u>All</u> Citizenships or Passports Held	
Your DKO / AKO (NIPR) User Account Name (if you have one)			Your DKO-S / AKO-S (SIPR) User Account Name (if you have one)		

PART 2 REQUESTED SYSTEMS / PRODUCTS

Names of All DSO Products & Systems Requested (please also include ALL JSC products you currently receive / use)

System Access Requested Classified Unclassified		Account Privileges Requested Read Privileges Write Privileges Administrator Privileges		
I Have Completed Annual Information Assurance Awareness (IAA) Training				IAA Training Date:
If you are requesting SPECTRUM XXI software, and it is not available at your location, please check this box. Your SXXI account will not be created until you inform the SXXI Help Desk (COM 410.293.7994, DSN 312.281.7994) that SXXI software is installed.				
SXXI Training Location			SXXI Training Date	

STATEMENT OF ACCOUNTABILITY <ul style="list-style-type: none"> I will access DSO resources only from platforms meeting DISA security requirements. I understand DISA policies and procedures regarding classified data and systems. I will submit another SAR within 30 days if any of the above information changes or my account is no longer required. All information on this form is accurate to the best of my knowledge. 	<i>Digital Signature of Requestor</i>
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PART 3 APPROVAL BY REQUESTOR'S GOVERNMENT SPONSOR / MANAGER

Sponsor / Manager Last Name		Sponsor / Manager First Name		Middle Initial	
Sponsor / Manager Job Title		Grade / Rank	Commercial Phone Number	DSN Phone Number	
Sponsor / Manager NIPRNET E-mail Address			Sponsor / Manager SIPRNET E-mail Address		
If Requestor is a Contractor:	Requestor's Contract Number		Requestor's Contract Expiration Date		
Justification for granting requestor access to JSC products/services					
Suffix					
I Certify the Requestor Requires Access As Requested			Digital Signature of Sponsor / Manager (Use Acrobat READER)		

PART 4 CLEARANCE VERIFICATION BY REQUESTOR'S SECURITY MANAGER

Security Manager Last Name		Security Manager First Name		Middle Initial	Suffix
Security Manager Commercial Phone Number			Security Manager DSN Phone Number		
Security Manager NIPRNET E-mail Address			Security Manager SIPRNET E-mail Address		
Type of Investigation	Date of Investigation	Clearance Level	Digital Signature of Security Manager (Use Acrobat READER)		
IT Level Designation					
Level I	Level II	Level III			

PART 5 ACCOUNT PROCESSING BY DSO

PART 5 ACCOUNT PROCESSING BY DSO			Digital Signature of Information Assurance Officer	
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name	
			NIPR (U)	SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name	
			NIPR (U)	SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name	
			NIPR (U)	SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name	
			NIPR (U)	SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name	
			NIPR (U)	SIPR (S)

Additional Notes

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