SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)									
PRIVACY ACT STATEMENT AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. PRINCIPAL 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 USES: 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.									
TYPE OF REQUEST	equeor.			DATE (YYYYMM	DD)				
	<u> </u>	SER ID							
SYSTEM NAME (Platform or Applications)			LOCAT	ION (Physical Loc	ation of System)				
PART I (To be completed by Requestor)									
1. NAME (Last, First, Middle Initial)		2. ORGANIZATION							
3. OFFICE SYMBOL/DEPARTMENT		4. PHONE (DSN or Commer	rcial)						
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE AND GRADE/RANK							
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP		9. DESIGNATIO	N OF PERSON				
				MILITARY	CIVILIAN				
					OR				
10. IA TRAINING AND AWARENESS CERTIFICATION REQ I have completed Annual Information Awareness				functional level ac	cess.)				
11. USER SIGNATURE				12. DATE (YYY)	(MMDD)				
				12. DATE (1.1.1					
PART II - ENDORSEMENT OF ACCESS BY INFORMATION			OVERN		ílf individual is a				
contractor - provide company name, contract number, and da 13. JUSTIFICATION FOR ACCESS	ile or con								
14. TYPE OF ACCESS REQUIRED:									
			i octore	24)					
	IFIED	CLASSIFIED (Specify	y categor	y)					
16. VERIFICATION OF NEED TO KNOW	16	a. ACCESS EXPIRATION DA							
I certify that this user requires access as requested.		Contract Number, Expiration	n Date. U	Ise Block 27 if nee	ded.)				
17. SUPERVISOR'S NAME (Print Name)	18. SUPE	ERVISOR'S SIGNATURE		19. DATE (YYY	YMMDD)				
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUF	PERVISOR'S E-MAIL ADDRES	20b. PHONE NUMBER						
21. SIGNATURE OF INFORMATION OWNER/OPR		21b. DATE (YYYYMMDD)							
			21a. PHONE NUMBER						
22. SIGNATURE OF IAO OR APPOINTEE	23. ORG	ANIZATION/DEPARTMENT	24. PH0	ONE NUMBER	25. DATE (YYYYMMDD)				

26. NAME (Last, First, Middle Initi	al)
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27. OPTIONAL INFORMATION (Additional information)

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION								
28. TYPE OF INVESTIGATION			28a. DATE OF INVESTIGATION (YYYYMMDD)					
28b. CLEARANCE LEVEL			28c. IT LEVEL DESIGNATION					
29. VERIFIED BY (<i>Print name</i>) 30. SECURITY MANAGER TELEPHONE NUMBER		31. SECURITY MANAGER SIGNATURE 32. DATE (YYYYMMDD)						
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION								
TITLE:	SYSTEM	SYSTEM		ACCOUNT CODE				
	DOMAIN SERVER							
	APPLICATION							
DIRECTORIES								
	FILES							
	DATASETS							
DATE PROCESSED (YYYYMMDD)				DATE (YYYYMMDD)				
DATE REVALIDATED (YYYYMMDD)				DATE (YYYYMMDD)				

DD FORM 2875 (BACK), AUG 2009

INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

A. PART I: The following information is provided by the user when establishing or modifying their USER ID. requested. (1) Name. The last name, first name, and middle initial of the user. (2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm). (3) Office Symbol/Department. The office symbol within the current 2875. organization (i.e. SDI). (4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number. (5)Official E-mail Address. The user's official e-mail address. (6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor. (7) Official Mailing Address. The user's official mailing address. information, as required. (8) Citizenship (US, Foreign National, or Other). (9) Designation of Person (Military, Civilian, Contractor). (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date. (11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s). (Secret or Top Secret). (12) Date. The date that the user signs the form. or Level III). B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor. (13). Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified. (14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.) (15) User Requires Access To: Place an "X" in the appropriate box. Specify category. (16) Verification of Need to Know. To verify that the user requires or his/her representative. access as requested. (16a) Expiration Date for Access. The user must specify expiration date if less than 1 year. (17) Supervisor's Name (Print Name). The supervisor or representative by the user. prints his/her name to indicate that the above information has been verified and that access is required. (18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative. (19) Date. Date supervisor signs the form. (20) Supervisor's Organization/Department. Supervisor's organization and department.

(20a) E-mail Address. Supervisor's e-mail address.

(20b) Phone Number. Supervisor's telephone number.

(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being

(21a) Phone Number. Functional appointee telephone number.

(21b) Date. The date the functional appointee signs the DD Form

(22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.

(23) Organization/Department. IAO's organization and department.

(24) Phone Number. IAO's telephone number.

(25) Date. The date IAO signs the DD Form 2875.

(27) Optional Information. This item is intended to add additional

C. PART III: Certification of Background Investigation or Clearance.

(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).

(28a) Date of Investigation. Date of last investigation.

(28b) Clearance Level. The user's current security clearance level

(28c) IT Level Designation. The user's IT designation (Level I, Level II,

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(32) Date. The date that the form was signed by the Security Manager

D. PART IV: This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required

E. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.