

**NATIONAL DEFENSE UNIVERSITY
SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)**

MARCH 2020
FORM 2875

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. 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. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

SECTION I - REQUESTOR INFORMATION *(To be completed by Requestor)*

Initial Request Modification Deactivation

1. NAME <i>(Last, First, Middle Initial)</i>	2. ORGANIZATION		
3. COLLEGE/SCHOOL	4. PHONE <i>(DSN or Commercial)</i>		
5. JOB TITLE AND GRADE/RANK	6. EDIPI Number or International Travel Order Number (ITO#)		
7. E-MAIL ADDRESS	8. CAC EXPIRATION DATE (MM/DD/YYYY)		
9. OFFICIAL MAILING ADDRESS	10. CITIZENSHIP US FN OTHER	11. DESIGNATION OF PERSON MILITARY CIVILIAN CONTRACTOR	
12. SYSTEM NAME(S) <i>(Platform or Applications)</i>	13. ACCOUNT TYPE STAFF FACULTY	STUDENT	VOL/ INTERN
14. JUSTIFICATION FOR ACCESS			
15. IA TRAINING OR CYBER AWARENESS CHALLENGE CERTIFICATION REQUIREMENTS I have completed Annual Cyber Awareness Training. DATE COMPLETED <i>(YYYY-MM-DD)</i>			
16. USER SIGNATURE			17. DATE <i>(YYYY-MM-DD)</i>

SECTION II – ENDORSEMENT OF ACCESS BY USERS MILITARY OR GOVERNMENT SUPERVISOR

(If the user is a contractor – provide company name, contract number, and date of contract expiration in Block 19.)

18. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested.	19. CONTRACTOR ACCESS INFORMATION <i>(Required for contractors)</i> 19a. CONTRACT NUMBER 19b. COMPANY NAME 19c. DATE <i>(YYYY-MM-DD)</i>		
20. TYPE OF ACCESS REQUIRED AUTHORIZED PRIVILEGED			
21. SUPERVISOR'S NAME <i>(Print Name)</i>	22. SUPERVISOR'S SIGNATURE	23. DATE <i>(YYYY-MM-DD)</i>	
24. SUPERVISOR'S ORGANIZATION/DEPT	25. SUPERVISOR'S E-MAIL ADDRESS	26. PHONE NUMBER	

SECTION III – SECURITY MANAGER CLEARANCE VALIDATION

27. TYPE OF INVESTIGATION	28. DATE OF INVESTIGATION <i>(YYYY-MM-DD)</i>		
29. CLEARANCE LEVEL	30. IT LEVEL DESIGNATION LEVEL I LEVEL II LEVEL III		
31. VERIFIED BY <i>(Print Name)</i>	32. PHONE NUMBER	33. SECURITY MANAGER'S SIGNATURE	34. DATE <i>(YYYY-MM-DD)</i>

SECTION IV – SYSTEM OWNER AND CYBERSECURITY APPROVAL

35. SYSTEM OWNER OR APPOINTEE SIGNATURE	36. PHONE NUMBER	37. DATE <i>(YYYY-MM-DD)</i>
38. CYBERSECURITY SIGNATURE	39. PHONE NUMBER	40. DATE <i>(YYYY-MM-DD)</i>

INSTRUCTIONS

SECTION I – REQUESTOR INFORMATION

The following information should be provided by the user when establishing an NDU account.

- (1) Name. The last name, first name and middle initial of the user.
- (2) Organization. The user's current organization (NATIONAL DEFENSE UNIVERSITY).
- (3) Enter the College name and School you will be attending.
- (4) Phone. The telephone number of the user.
- (5) Add Grade/Rank.
- (6) EDIPI (back of CAC) or International Travel Order number (ITO#).
- (7) Email Address. The user's email address.
- (8) CAC Expiration Date. Expiration date will determine the account expiration date.
- (9) Official Mailing Address. The user's official mailing address.
- (10) Citizenship. (US, Foreign National or Other).
- (11) Designation of Person. (Military, Contractor or Civilian).
- (12) System Name(s). The systems for which this access request is being submitted (i.e. NEIS, O365, Blackboard, etc).
- (13) Account Type. (Staff, Faculty, Student, Volunteer/Intern).
- (14) Justification for Access. A brief statement is required to justify establishment of an account
- (15) IA Training or Cyber Awareness Challenge Certification Requirements. User must indicate if he/she has completed the annual training and the date should be within the current fiscal year.
- (16) User Signature. User must digitally sign the Acropolis SAAR form with the understanding that they are responsible and accountable for their password and access to the system(s).
- (17) Date. The date that the user signs the form. This date should match the date of your digital signature.

SECTION II – ENDORSEMENT OF ACCESS BY USERS MILITARY OR GOVERNMENT SUPERVISOR

The following information should be provided by the user military or government supervisor.

- (18) Verification of Need to Know. This should be checked verifying that the user requires access as requested.
- (19) Contractor Access Information. If the user is a contractor the user's contract number, company name and expiration date of the contract should be indicated in this block.
- (20) Type of Access Required. Place an "X" in the appropriate box. (Authorized – Individual with normal access. Privileged – Those with privilege to amend or change systems configuration, parameters, or settings.)
- (21) Supervisor's Name. The supervisor or representative prints his/her name to indicate that the information on the form has been verified and that access is required.
- (22) Supervisor's Signature. The user's supervisor should digitally sign in this block. For DISA users the supervisor that is listed in CMIS is the one that should complete this section.
- (23) Date. The date that the supervisor signs the form. This date should match the date of your digital signature.
- (24) Supervisor's Organization/Department. The supervisor's organization (i.e. RMD, HRD, NWC, etc.).
- (25) Supervisor's Email Address. The supervisor's official email address.
- (26) Phone Number. The telephone number of the supervisor.

SECTION III – SECURITY MANAGERS CLEARANCE VALIDATION

The following information should be completed by the user's security manager.

- (27) Type of Investigation. The user's last type of background investigation (i.e. NACI, SSBI).
- (28) Date of Investigation. Date of last investigation.
- (29) Clearance Level. The user's current security clearance level.
- (30) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).
- (31) Verified By. The security manager or representative prints his/her name to indicate that the user's clearance and investigation information has been verified.
- (32) Phone Number. The telephone number of the security manager.
- (33) Security Manager's Signature. The user's security manager or his/her representative digitally signs in this block indicating that the user's clearance and investigation information has been verified.
- (34) Date. The date the form was signed by the security manager or his/her representative.

SECTION IV– SYSTEM OWNER AND CYBERSECURITY VALIDATION

This section (blocks 35 - 40 should be left blank and is for NDU ITD internal processing.