SYSTEM	AUTHORIZATION	ACCESS RE	QUEST (SAAR)			
AUTHORITY: Executive Order 10450, 9397; and Public Law 9 PRINCIPAL PURPOSE: To record names, signatures, and ot access to Department of Defense (DoD) systems and informa ROUTINE USES: None.	99-474, the Computer Fraud a ther identifiers for the purpose tition. NOTE: Records may be	of validating the transition of validating the transition of	electronic and/or paper form	n		
DISCLOSURE: Disclosure of this information is voluntary; how TYPE OF REQUEST	wever, failure to provide the re	equested information	on may impede, delay or pre	i		
				DATE	YYYYMMDD)	
	IVATE USER ID					
SYSTEM NAME (Platform or Applications) LOCATION (Physic					on of System)	
PART I (To be completed by Requester)						
1. NAME (Last, First, Middle Initial)       2. ORGANIZATION						
3. OFFICE SYMBOL/DEPARTMENT 4. PHONE (DSN or Commercial)						
5. OFFICIAL E-MAIL ADDRESS 6. JOB TITLE AND GRADE/RANK						
7. OFFICIAL MAILING ADDRESS		8. CITIZENSH	IP	9. DESIC	GNATION OF PERSON	
		🗌 US	<b>FN</b>		ITARY CIVILIAN	
		OTHER			NTRACTOR	
10. IA TRAINING AND AWARENESS CERTIFICATIO	ON REQUIREMENTS (Co	mplete as requir	ed for user or functional	level acce	ss.)	
I have completed Annual Information Awarene	ess Training.		DATE (YYYYMML	DD)		
11. USER SIGNATURE     12. DATE (YYYYMMDD)				E (YYYYMMDD)		
PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)						
13. JUSTIFICATION FOR ACCESS						
14. TYPE OF ACCESS REQUESTED           AUTHORIZED         PRIVILEGED						
15. USER REQUIRES ACCESS TO: UNCLASSIFIED CLASSIFIED (Specify category)						
OTHER						
16. VERIFICATION OF NEED TO KNOW 16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number,						
I certify that this user requires access as requested.						
17. SUPERVISOR'S NAME (Print Name)	ERVISOR'S NAME (Print Name) 18. SUPERVISOR SIGNATURE 19. DATE (V		E (YYYYMMDD)			
20. SUPERVISOR'S ORGANIZATION/DEPARTMEN	20. SUPERVISOR'S ORGANIZATION/DEPARTMENT 20a. SUPERVISOR'		R'S EMAIL ADDRESS		20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR	L	21a. PHONE NUMBER		21b. DATE (YYYYMMDD)		
22. SIGNATURE OF IA OR APPOINTEE	23. ORGANIZATION/DE	PARTMENT	24. PHONE NUMBER		25. DATE (YYYYMMDD)	

26.	NAME	(Last,	First,	Middle	Initial)
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## 27. OPTIONAL INFORMATION

28. TYPE OF INVESTIGATION	TION         28a. DATE (YYY)		YMMDD)	
28b. CLEARANCE LEVEL		29. VERIFIED BY	(Printed Name)	
30. SECURITY MANAGER     31. SECURITY MANAGER SIGNAT       TELEPHONE NUMBER     31. SECURITY MANAGER SIGNAT		URE 32. DATE (YYYYMMDD)		
PART IV - COMPLETION BY AUTHOR	I RIZED STAFF PREPARING ACCOUNT II	NFORMATION		
TITLE:	SYSTEM		ACCOUNT CODE	
	DOMAIN			
	SERVER			
	APPLICATION			
	FILES			
	DATASETS			
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)		DATE (YYYYMMDD)	
DATE REVALIDATED (YYYYMMDD)	<b>REVALIDATED BY</b> (Print name and sign)		DATE (YYYYMMDD)	

INSTRUCTIONS The prescribing document is as issued by using DoD Component.				
<b>A. PART I:</b> The following information is provided by the user when establishing or modifying their USER ID.	(20) Supervisor's Organization/Department. Supervisor's organization and department.			
(1) Name. The last name, first name, and middle initial of the user.	(20a) E-mail Address. Supervisor's e-mail address.			
(2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).	(20b) Phone Number. Supervisor's telephone numberTex			
<ul><li>(3) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).</li></ul>	(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.			
(4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.	(21a) Phone Number. Functional appointee telephone number. (21b) Date. The date the functional appointee signs the DD Form			
(5)Official E-mail Address. The user's official e-mail address.	2875.			
(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.	(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.			
(7) Official Mailing Address. The user's official mailing address.	(23) Organization/Department. IAO's organization and department.			
(8) Citizenship (US, Foreign National, or Other).	(24) Phone Number. IAO's telephone number.			
(9) Designation of Person (Military, Civilian, Contractor).	(25) Date. The date IAO signs the DD Form 2875.			
<ul><li>(10) IA Training and Awareness Certification Requirements. User must</li></ul>	(27) Optional Information. This item is intended to add additional information, as required.			
indicate if he/she has completed the Annual Information Awareness Training and the date.	C. PART III: Certification of Background Investigation or Clearance.			
(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).	(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).			
(12) Date. The date that the user signs the form.	(28a) Date of Investigation. Date of last investigation.			
<b>B. PART II:</b> The information below requires the endorsement from the user's Supervisor or the Government Sponsor.	(28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).			
(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.	(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.			
<ul><li>(14) Type of Access Required: Place an "X" in the appropriate box.</li><li>(Authorized - Individual with normal access. Privileged - Those with</li></ul>	(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.			
privilege to amend or change system configuration, parameters, or settings.)	(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.			
(15) User Requires Access To: Place an "X" in the appropriate box. Specify category.	(32) Date. The date that the form was signed by the Security Manager or his/her representative.			
(16) Verification of Need to Know. To verify that the user requires access as requested.	<b>D. PART IV:</b> This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of			
(16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.	the DoD. This information will specifically identify the access required by the user.			
(17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been	E. DISPOSITION OF FORM:			
verified and that access is required. (18) Supervisor's Signature. Supervisor's signature is required by the	<ul> <li>TRANSMISSION: Form may be electronically transmitted, faxed, or mailed.</li> <li>Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.</li> <li>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.</li> </ul>			
endorser or his/her representative. (19) Date. Date supervisor signs the form.				