

# REQUEST FOR NETWORK ACCESS

For use of this form, see TAMC Pam 25-1. The proponent activity is IMD.

## USER INFORMATION (To be completed by supervisor)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

AKO EMAIL ADDRESS \_\_\_\_\_

RANK \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

MILITARY:  USA  USAF  USN  USMC  NATIONAL GUARD DEROS \_\_\_\_\_

CIVILIAN:  CIVIL SERVICE  STUDENT  VOLUNTEER  NAF

CONTRACTOR/COMPANY NAME \_\_\_\_\_

CONTRACT ENDING DATE \_\_\_\_\_

## REQUESTED SERVICES

NETWORK  OUTLOOK  REMOTE ACCESS VIA MODEM

SUPERVISOR: I VERIFY THIS ACCESS IS AUTHORIZED.

PRINTED NAME (SUPERVISOR) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## SECURITY OFFICE VERIFICATION (To be completed by Security Office personnel)

THIS PERSON HAS A(N)  initiated investigation  favorably completed investigation

SECURITY OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## RESPONSIBILITY STATEMENT (To be completed at Information Management Division office)

As an employee of the Federal Government and a user of information systems resources, I am cognizant of my responsibilities as outlined in the Acceptable Use Policy I have received.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## INFORMATION MANAGEMENT DIVISION (To be completed by IMD)

ACCOUNT CREATED ON \_\_\_\_\_ BY \_\_\_\_\_

ACCOUNT INFORMATION PICKED UP ON \_\_\_\_\_

