U-2 MIS

SYSTEM ACCESS REQUEST

1. USERS REQUEST TYPE	2. CURRENT USER-ID(s) *(if any)*	3. SECURITY CLEARANCE *(i.e. Top Secret, Secret, etc.)*
☐ ADD ☐ DELETE ☐ MODIFY		

4. REQUESTOR'S NAME *(Last, First, MI)*	5. OFFICE/ORGANIZATION SYMBOL	JOB TITLE	PHONE

6. AFFILIATION

☐ CS ☐ MIL-RANK _____

☐ CONTRACTOR *(Company Name)* _____

7. U.S. CITIZENSHIP	IF LESS THAN 5 YEARS AGO PLEASE PROVIDE DATE OF CITIZENSHIP	NATIONAL AGENCY CHECK	ENTRANCE NATIONAL AGENCY CHECK
☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO

8. 1ST LEVEL SUPERVISOR/SPONSOR

NAME	SIGNATURE	DATE

9. SECURITY CLEARANCE VERIFICATION

SECURITY MANAGER'SNAME	SIGNATURE	PHONE	DATE

10. SYSTEM TO BE ACCESSED

SYSTEM/PASSWORD ADMINISTRATOR	ORGANIZATION	PHONE
SIGNATURE		
SYSTEM/PASSWORD ADMINISTRATOR	ORGANIZATION	PHONE
SIGNATURE		
SYSTEM/PASSWORD ADMINISTRATOR	ORGANIZATION	PHONE
SIGNATURE		

11. USER AGREEMENT

AS AN AUTHORIZED USER OF AIR FORCE INFORMATION ASSETS, I AM RESPONSIBLE FOR:

a. COMPLYING WITH INFORMATION ASSET SECURITY CONTROLS AS SPECIFIED BY AIR FORCE COMPUTER SECURITY INSTRUCTIONS.

b. KEEPING MY USER ID AND PASSWORD FOR MY USE ONLY PER AFMAN 33-223.

c. USING AIR FORCE RESOURCES ONLY WHEN AUTHORIZED AND ONLY FOR APPROVED OFFICIAL PURPOSES.

d. NOTIFY A SECURITY ADMINISTRATOR OF EXPOSURES, MISUSE OR NONCOMPLIANCE SITUATIONS.

e. I WILL NOT EXPOSE MY PASSWORD TO DISCLOSURE.

f. I UNDERSTAND THAT VIOLATIONS OF ANY OF THESE RESPONSIBILITIES MAY RESULT IN TERMINATION OF COMPUTER SYSTEMS ACCESS.

g. I UNDERSTAND THAT MY ACTIONS ON THIS/THESE SYSTEM(S) IS/ARE SUBJECT TO MONITORING.

12. AD THE ABOVE POLICIES AND AGREE TO ADHERE TO ALL REQUIREMENTS AS STATED

SIGNATURE