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 ☐ INITIAL ☐ MODIFICATION ☐ DEACTIVATE ☐ USER ID _____	DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications)	LOCATION (Physical Location 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 Commercial)	
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP ☐ US ☐ FN ☐ OTHER	9. DESIGNATION OF PERSON ☐ MILITARY ☐ CIVILIAN ☐ CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)
☐ I have completed Annual Information Awareness Training. DATE (YYYYMMDD) _____

11. USER SIGNATURE	12. DATE (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 REQUIRED:
☐ AUTHORIZED ☐ PRIVILEGED

15. USER REQUIRES ACCESS TO: ☐ UNCLASSIFIED ☐ CLASSIFIED (Specify category)
☐ OTHER _____

16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. ☐	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)

17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)

22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)