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 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. 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 REQUESTED
☐ 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 SIGNATURE**	**19. DATE** *(YYYYMMDD)*
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	**20a. SUPERVISOR'S EMAIL ADDRESS**	**20b. PHONE NUMBER**

21. SIGNATURE OF INFORMATION OWNER/OPR	**21a. PHONE NUMBER**	**21b. DATE** *(YYYYMMDD)*

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