

REQUEST FOR ACQUILINE PASSWORD

Passwords are granted to individuals only. Each individual requiring access to this system must request a password. The individual must obtain validation of the need for access from the branch or division chief, or director.

ORGANIZATION DATA

Organization Name:	
UIC:	DODAAN:
Street Address:	
City/State/Zip:	

CONTACT DETAIL (Complete all items. Please type information)

User Name:	
Title:	Office Symbol:
Telephone:	Fax:
E-Mail Address:	

I certify that the above data is true and correct. Also, I acknowledge and agree that:

- U.S. Government resources will only be used for the performance of official duties.
- Data, software, and hardware will be protected to the best of my abilities.
- Proprietary and copyrighted material will be protected and accounted for.
- Security incidents will be reported to the ISSO immediately.
- Users will only use their individually assigned login ID, protect passwords, and telephone access number as FOUO, access only the resources authorized, and abide by applicable security regulations and guidelines.

USER: _____
(signature)

APPROVED BY:

Title:	Rank/Grade:
Signature:	
(Signature of branch or division chief, or director):	

PRWEB APPROVAL:	Date:
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This form must be completed prior to class date.
Without form, individual will not be able to attend class.