FILLING OUT STUDENT 2875

LEAVE DATA ALREADY INPUTTED -- ALONE, UNLESS IT HAS A BOX BELOW ASKING FOR NEW INFORMATION!!!!!!!

	C	UI ▼			
	SYSTEM AUTHORIZATION	ACCESS REQUEST (SAAR)	OMB No. 0704-0630 OMB approval expires: 20250531		
	The public reporting burden for this collection of information, 0704-0830, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whis mo-alex sound mbx dd-dod-information-olicitons@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.				
	AUTHORITY: Executive Order 10450; and Public Law 99-474, the Computer five and Albuse Authority: Executive Order 10450; and Public Law 99-474, the Computer five PRINCIPAL PURPOSE(S): To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting perform (Pour Intelligible): None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further present the provided of the provided that the provided the requested information may impede, delay or prevent further present the provided that the provided the requested information may impede, delay or prevent further present the provided that the provid				
	TYPE OF REQUEST INITIAL USER ID		DATE (YYYYMMDD) 20230109		
	SYSTEM NAME (Platform or Applications) EUR NIPRNET	LOCATION (Physical Location of S Grafenwoehr, Bldg. 3380,	ystem) Change		
Student	PART I (To be completed by Requester) 1. NAME (Last, First, Middle Initial)	2. ORGANIZATION	Date		
Name	3. OFFICE SYMBOL/DEPARTMENT AETT-NCO-CO	HQ 7th ATC, NCO Academy 4. PHONE (DSN or Commercial) (314) 569-0417			
Student 's	5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK Student/RANK	Insert Rank		
Government Email	7. OFFICIAL MAILING ADDRESS 7th ATC NCOA Unit 28130 APO, AE 09114	□ US □ FN □ MILITA	RY CIVILIAN After		
		_ CONTR	Student		

Input:

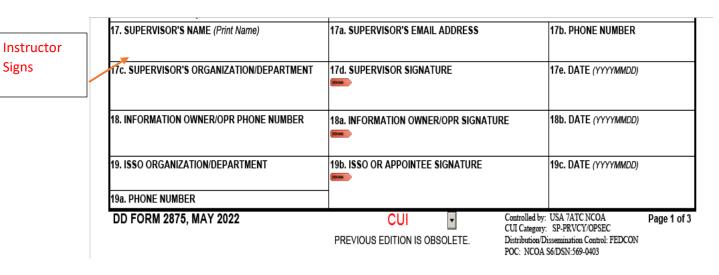
EDIPI, Date, Name (Last, First, M), Rank, E-Mail Address

	10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) I have completed the Annual Cyber Awareness Training. DATE (YYYYMMDD) 20220606 11. USER SIGNATURE 12. DATE (YYYYMMDD)				Awareness Training. Ensure it matches training date on certificate.			
Jser Signs	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 User requires authorized access to the EUR NIPRNET with a personnel security standard of IT III, IAW AR 25-2, in order to perform daily duties and responsibilities while assigned as a small group leader of the 7th ATC NCOA.							
	14. TYPE OF ACCESS REQUESTED AUTHORIZED PRIVILEGED 15. USER REQUIRES ACCESS TO: UNCLASSIFIED CLASSIFIED (Specify category) OTHER 16. VERIFICATION OF NEED TO KNOW 16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract							
	I certify that this user requires access as requested.	Expiration Date. Use Block 21 if needed.) Graduation:	пу сыпрапу мате, сол	Enter E Date	End of Class			

Input:

Signs

Cyber Awareness Training Date, Class Graduation Date



Input:

Instructor Signs/Fills out SECTION 17

Leave Section 18 Blank; Leave Section 19 Blank.

	_				
20. NAME (Last, First, Middle Initial)					
21. OPTIONAL INFORMATION					
Organizational AD Group Access: X Domain Users					
X_ GRAF-7ATC-PRINTER-ALL					
Additional Access Required:		*			
Contractor Information(If Applicable):					
Company Name:	Contract Number:	Expiration Date:	Leave Alone		
PART III - SECURITY MANAGER VALIDATES THE	BACKGROUND INVESTIGATION OR CLEARA	ANCE INFORMATION			
22. TYPE OF INVESTIGATION		ONTINUOUS EVALUATION (CE) DEFERRED			
			Student's		
22c. CONTINUOUS EVALUATION (CE) ENROLLME	NT DATE (YYYYMMDD) 22d. ACCESS LEVE	ïL	Unit		
23. VERIFIED BY (Printed Name) 24. PHONE NU	JMBER 25. SECURITY MANAGER SIGNA	TURE 26. VERIFICATION DATI (YYYYMMDD)	Security		
			Manager		
•	·	·	Fills Out and		
nput:			Signs		
action 22 Student's Unit Security Manager Signs / Fills Out					
ection 22 - Student's Unit Security Manager Signs/Fills Out					