

FILLING OUT STUDENT 2875

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

CUI ▼

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		OMB No. 0704-0630 OMB approval expires: 20250531
The public reporting burden for this collection of information, 0704-0630, 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 whs.mc-alex.esd.mbx.dd-dod-information-collections@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.		
PRIVACY ACT STATEMENT		
AUTHORITY: Executive Order 10450; and Public Law 99-474, the Computer Fraud and Abuse Act PRINCIPAL PURPOSE(S): To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form ROUTINE USE(S): None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing.		
TYPE OF REQUEST	USER ID	DATE (YYYYMMDD)
INITIAL ▼		20230109
SYSTEM NAME (Platform or Applications)	LOCATION (Physical Location of System)	
EUR NIPRNET	Grafenwoehr, Bldg. 3380,	
PART I (To be completed by Requester)		
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION	
	HQ 7th ATC, NCO Academy	
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)	
AETT-NCO-CO	(314) 569-0417	
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK	
	Student/RANK	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP	9. DESIGNATION OF PERSON
7th ATC NCOA Unit 28130 APO, AE 09114	<input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR

User EDIPI

Change Date

Insert Rank After Student

Student Name

Student's Government Email

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

Enter Date of Cyber Awareness Training. Ensure it matches training date on certificate.

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

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

I certify that this user requires access as requested.

16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Expiration Date. Use Block 21 if needed.)

Graduation:

Enter End of Class Date

Input:

Cyber Awareness Training Date, Class Graduation Date

17. SUPERVISOR'S NAME (Print Name)	17a. SUPERVISOR'S EMAIL ADDRESS	17b. PHONE NUMBER
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT	17d. SUPERVISOR SIGNATURE	17e. DATE (YYYYMMDD)
18. INFORMATION OWNER/OPR PHONE NUMBER	18a. INFORMATION OWNER/OPR SIGNATURE	18b. DATE (YYYYMMDD)
19. ISSO ORGANIZATION/DEPARTMENT	19b. ISSO OR APPOINTEE SIGNATURE	19c. DATE (YYYYMMDD)
19a. PHONE NUMBER		

Instructor Signs

DD FORM 2875, MAY 2022

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PREVIOUS EDITION IS OBSOLETE.

Controlled by: USA 7ATC NCOA
CUI Category: SP-PRVCY/OPSEC
Distribution/Dissemination Control: FEDCON
POC: NCOA S6/DSN:569-0403

Page 1 of 3

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:			
<input checked="" type="checkbox"/> Domain Users			
<input checked="" type="checkbox"/> GRAF-7ATC-PRINTER-ALL			
Additional Access Required:			
Contractor Information(If Applicable):			
Company Name:	Contract Number:	Expiration Date:	
PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
22. TYPE OF INVESTIGATION	22a. INVESTIGATION DATE (YYYYMMDD)	22b. CONTINUOUS EVALUATION (CE) DEFERRED INVESTIGATION	
22c. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD)	22d. ACCESS LEVEL		
23. VERIFIED BY (Printed Name)	24. PHONE NUMBER	25. SECURITY MANAGER SIGNATURE	26. VERIFICATION DATE (YYYYMMDD)



Leave Alone

Student's Unit Security Manager Fills Out and Signs

Input:

Section 22 - Student's Unit Security Manager Signs/Fills Out