

## NETWORK USER AGREEMENT AND ACCOUNT REQUEST

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8014 and E.O. 9397. **PURPOSE OF USE:** To record personal information for the purpose of validating the trustworthiness of individuals requesting access to the USAFE Network. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" published at the beginning of the Air Force's compilation of record system notices apply to this system. **DISCLOSURE:** Disclosure is voluntary; however failure to provide requested information may result in disapproval of request for access.

### I. USER DATA

1. NAME OF REQUESTER (Last, First, Middle Initial)	2. RANK	3. SSN (Non-US employees state the Employee Number)	4. Deros (YYYYMM)
5. ORGANIZATION / OFFICE SYMBOL		6. DUTY PHONE NUMBER	7. BLDG. AND ROOM NUMBER

### II. USER AGREEMENT

**I UNDERSTAND THAT:**

1. The base network and the computer systems on it are Department of Defense (DoD) computer systems for authorized use only.
2. Any violation of DoD, USAF, USAFE or Base network/Computer Security Publications or policies may result in termination of my network account.
3. Governing regulations include AFI 33-100, User Responsibilities and Guidance for Information Systems, AFI 33-115V2, Licensing Network Users and Certifying Network Professionals, AFI 33-119, Air Force Messaging, AFI 33-129, Web Management and Internet Use, AFI 33-200, Information Assurance (IA) Management, AFMAN 33-223, Identification and Authentication, and any USAFE supplements.

**I CERTIFY THAT:**

1. My account will only be used in support of an official DoD project/contract and in accordance with all DoD, USAF, USAFE and base publications, policies, and guidelines, particularly to ensure no unauthorized use. Common examples of unauthorized use are: activities for personal or commercial financial gain, playing computer games, downloading illegal or unauthorized software, and accessing pornographic materials.
2. I have completed the annual Information Assurance (IA) Awareness training, according to AFI 33-115 V II, Licensing Network Users and Certifying Network Professionals. I understand I am required to re-accomplish the training annually; failure to do so will result in my account being locked.
3. I have signed an AF Form 4394, Air Force User Agreement Statement - Notice And Consent Provision

8. DATE SIGNED (YYYYMMDD)	9. USER'S SIGNATURE <div style="text-align: center; border: 1px solid black; padding: 5px;">Click to Sign</div>
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### III. SUPERVISOR / GOVERNMENT SPONSOR'S VERIFICATION

*I certify the user requires the following network access to perform assigned duties.  
Access is in the best interest of the United States Air Force.*

10. ACCESS REQUIRED FOR THE FOLLOWING:		
DISTRIBUTION LISTS (a)	SECURITY GROUPS (b)	MAIL BOXES (c)

11. ACCOUNT SPECIFICATIONS	
<input type="checkbox"/> <b>NIPRNET ACCOUNT</b> <input checked="" type="checkbox"/> Standard Network Account (NIPR access + Email) <input checked="" type="checkbox"/> Privileged User: CSA/ FSA/ NCC (Administrative Rights) <input checked="" type="checkbox"/> NOSC Administrator Account (Administrative Rights) <input type="checkbox"/> Volunteer / Summer Hire / Key <input type="checkbox"/> Local National / Foreign National Country Code Approved Billet Number _____	<input type="checkbox"/> <b>SIPRNET ACCOUNT</b> <input checked="" type="checkbox"/> Standard Network Account (SIPR access + Email) <input checked="" type="checkbox"/> Privileged User: CSA/ FSA/ NCC (Administrative Rights) <input checked="" type="checkbox"/> NOSC Administrator Account (Administrative Rights)

12. DATE IA AWARENESS TRAINING COMPLETED (YYYYMMDD) _____
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13. SUPERVISOR / GOVERNMENT SPONSOR (Last Name, First Name, Middle Initial, Rank, Duty Phone)
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14. DATE (YYYYMMDD)	15. SIGNATURE <div style="text-align: center; border: 1px solid black; padding: 5px;">Click to Sign</div>
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**IV. UNIT SECURITY MANAGER'S (USM) VERIFICATION OF NATIONAL AGENCY CHECK**

16. TYPES OF ACCOUNTS

- Standard NIPR/SIPR Network Account** (fill out Blocks 17 through 19)
- Foreign/Local National Network Account** (fill out Block 21)  
*It is not possible to assign an Interim Network Account to Foreign/Local Nationals.*
- Volunteer/ Summer Hire/ Key Spouse Network Account** (fill out Block 22)
- Interim Network Account** (fill out Blocks 17 through 19)  
*If investigation is submitted and not complete and user requires network access  
Interim network access requires Wing Information Assurance Office approval*
- Privileged User Account** (fill out Blocks 17 through 19)
- NOSC Administrator Account** (fill out Blocks 17 through 19)

**INVESTIGATIONS**

	17. CLEARANCE LEVEL	18. TYPE INVESTIGATION	19. DATE OF INVESTIGATION / SUBMISSION
a. ADJUDICATED			(YYYYMMDD)
b. OPEN			<input type="checkbox"/> JOINT PERSONNEL ADJUDICATION (JPAS) SYSTEM <input type="checkbox"/> SUBMITTED TO SFS (No entry in JPAS) _____ (YYYYMMDD)
20. DATE OF NATO INDOCTRINATION (YYYYMMDD) <i>(Mandatory for SIPRNet Account)</i>		21. DATE OF HOST AGENCY CHECK (HAC) <i>(YYYYMMDD)</i>	22. DATE OF LOCAL FILES CHECK (LFC) <i>(YYYYMMDD)</i>

23. UNIT SECURITY MANAGER (USM) (Last Name, First Name, Middle Initial, Rank, Duty Phone)

24. DATE (YYYYMMDD)	25. SIGNATURE
	Click to Sign

**V. INFORMATION ASSURANCE OFFICER (IAO)**

<p>THE INFORMATION ASSURANCE OFFICER (IAO)</p> <ul style="list-style-type: none"> <li>- Certifies the information entered on this form is accurate and complete</li> <li>- Validates the training date in Block 12</li> <li>- Verifies account is properly created in Directory and Resource Administrator (DRA) and the expiration of that account is set to 12 months from the date the requester completed IA Awareness training</li> </ul>	<ul style="list-style-type: none"> <li>- Conducts and documents annual reviews of this form to verify annual training is accomplished and the account expiration date in DRA is updated and accurate (Fill in Section VII)</li> <li>- Maintains this form until the user leaves the unit then forwards to the WIAO</li> </ul>
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26. IAO (Last Name, First Name, Middle Initial, Rank, Duty Phone)

27. DATE (YYYYMMDD)	28. SIGNATURE
	Click to Sign

**VI. WING INFORMATION ASSURANCE OFFICE (WIAO)**

<p>29. WIAO VERIFICATION</p> <p><b>FOREIGN/ LOCAL NATIONAL ACCOUNT</b> <i>(Contact Foreign Disclosure Office (FDO) to coordinate user name and assigned billet number)</i></p> <p><input type="checkbox"/> VERIFIED BILLET NUMBER      CASE NUMBER: _____</p> <p><input type="checkbox"/> CONTACTED FDO</p>	<p><b>TYPE OF ACCOUNT</b></p> <p><input type="checkbox"/> INTERIM                      <input type="checkbox"/> KEY SPOUSE</p> <p><input type="checkbox"/> VOLUNTEER                      <input type="checkbox"/> PRIVILEGED USER</p> <p><input type="checkbox"/> SUMMER HIRE</p>	<p>30. WIAO APPROVAL</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p>
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33. WIAO (Last Name, First Name, Middle Initial, Rank, Duty Phone)

34. DATE (YYYYMMDD)	35. SIGNATURE
	Click to Sign

**VII. IAO ANNUAL REVIEW**

36. DATE OF REVIEW	37. REMARKS	38. INITIALS