PART V – USER ACCESS (OLRV)
(for users of DISA maintained computer systems)

PRIVACY ACT STATEMENT

Collection of this information is authorized under 18 U.S.C. § 1030, as amended, and Pub.L. No. 98-473, Pub.L. No. 99-474, Pub.L. No. 104-294. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government Security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the in information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act.

1. ACTION (Check one)
☐ INITIAL ☐ MODIFICATION ☐ DELETION

2. USERID (Blank if Initial)

3. SSN

4. NAME Last First MI

5.TELEPHONE (Include area code)
Comm: DSN: FAX:
Internet E-Mail:

6. IP ADDRESS OF USER'S WORKSTATION

7. STATUS ☐ Contractor ☐ Federal Employee

7a. FOREIGN NATIONAL ☐ Yes ☐ No

8. ORGANIZATION (Commercial mailing address)

9. I certify that this user has a DISA Form 41, Parts I – IV on file.
a. Signature and typed name of responsible security officer/TASO

b. Internet E-Mail

c. Date Phone

10. SIGNATURE AND TYPED NAME OF SUPERVISOR

a. _____

b. Date

11. STATEMENT OF ACCOUNTABILITY – I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

a. User's Signature _____ b. Date

12. APPLICATIONS (See Instructions)

☐ Report.Web
☐ Remote Admin
☐ End User
☐ Other _____

☐ Other _____

ACCESS LEVEL _____

13. HOST AND DOMAIN NAME OF REQUESTED SERVER
.OLRV.OGDEN.DISA.MIL (Use 3 digit site code(s))

14. RCRA'S ONLY: I have read the DFAS Contract Reconciliation Procedures. I meet the requirements, understand the procedures and will perform reconciliations that conform to the noted procedures. I acknowledge I will be fully responsible and accountable for all adjustments and entitlements resulting from this reconciliation for which I am the Responsible Contract Reconciliation Agent.

SIGNATURE DATE

15. SPECIAL ACCESS REQUEST/REMARKS/JUSTIFICATION

16. SIGNATURE(S) AND TYPED/PRINTED NAME(S) OF FUNCTIONAL DATA OWNER(S)/OPR(S) AND DATE(S)

a. _____ _____ c. _____ _____

b. _____ _____ d. _____ _____

17. PROCESSED BY (PRINTED NAME/SIGNATURE AND DATE)

a. _____ _____ c. _____ _____

b. _____ _____ d. _____ _____