National Aeronautics and Space Administration

IFMP COMPETENCY CENTER SYSTEM ACCESS REQUEST

There are two parts to this form, (1) User Information and (2) System Information. Complete "User Information" through the signature block. In "System Information", check the systems you want to access. Submit to Center Security Administrator for IFMP.

PART 1 - USER INFORMATION

1. NAME:	2. UNIQUE IDENTIFIER (X500 ID):
3. ORGANIZATION:	4. DEPARTMENT:
5. EMAIL ADDRESS:	6. TELEPHONE NUMBER (INCLUDE AREA CODE):
7. MAILING ADDRESS:	

EMPLOYMENT INFORMATION

8. EMPLOYER:	9. NASA CENTER:

10. ACCESS DURATION:		11. U.S. CITIZEN:	12. IT SECURITY TRAINING COMPLETED:
START DATE	END DATE	☐ YES ☐ NO	☐ YES COURSE NUMBER: ☐ NO DATE:

(COMPLETE ONLY IF USER IS NASA CONTRACTOR)

13. CONTRACT NUMBER:	14. CONTRACT EXPIRATION DATE (MM/DD/YYYY):

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USERID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the IFMP System Administrator when I no longer need access. I will change my password in accordance with system guidelines. I will abide by NPG 2810 guidelines when selecting a password.

Signing below acknowledges your agreement to the above statement and verifies that the user information provided above is correct.

15. USER SIGNATURE:		16. DATE:
17. SUPERVISOR'S NAME (TYPE OR PRINT):	18. SUPERVISOR'S SIGNATURE:	19. DATE:

PART 2 - SYSTEM INFORMATION

1. JOB SCHEDULING (TYPE OF ACCESS REQUIRED, e.g., USER, ADMINISTRATOR):		
2. NASA APPROVAL (TYPE OR PRINT NAME):	3. NASA SIGNATURE:	4. DATE:
5. IFMP DOMAIN (TYPE OF ACCESS REQUIRED, e.g., USER, ADMINISTRATOR):		
6. NASA APPROVAL (TYPE OR PRINT NAME):	7. NASA SIGNATURE:	8. DATE:
9. CONFIGURATION MANAGEMENT: ☐ CLEAR CASE ☐ CLEAR QUEST ☐ ADD TO CONFIGURATION MANAGEMENT CITRIX GROUP		
10. NASA APPROVAL (TYPE OR PRINT NAME):	11. NASA SIGNATURE:	12. DATE:
13. ENTERPRISE APPLICATION INTEGRATION (EAI) (TYPE OF ACCESS REQUIR,E (e.g., USER, ADMINISTRATOR):		
14. NASA APPROVAL (TYPE OR PRINT NAME):	15. NASA SIGNATURE:	16. DATE:
17. FAXING (TYPE OF ACCESS REQUIRED, e.g., USER, ADMINISTRATOR):		
18. NASA APPROVAL (TYPE OR PRINT NAME):	19. NASA SIGNATURE:	20. DATE:
21. OTHER: ☐ UNIX OS ACCOUNT ORIGINATING IP: _____ IFMP SYSTEM NAME: _____ ☐ ORACLE OS ACCOUNT ORIGINATING IP: _____ IFMP SYSTEM NAME: _____		
22. NASA APPROVAL (TYPE OR PRINT NAME):	23. NASA SIGNATURE:	24. DATE: