MSFC DOCUMENTATION REPOSITORY - SYSTEM ACCESS REQUEST

I. USER INFORMATION

1. Date of Request:	2. Name (Last, First, MI):	3. MSFC User ID/ IDS Username:

4. U.S. Citizen? ☐ Yes ☐ No	5. If citizenship is not U.S., enter citizenship status (Permanent Resident, Foreign National, etc.):	6. Work Phone Number (include area code):

7. Affiliation: ☐ Civil Service ☐ Contractor	8. Location/NASA Center:	9. Organization Code:	10. Building/Room Number:	11. E-mail Address:

12. User Responsibility Statement

It is understood that I am responsible for the security of assigned User ID and Password and must change the Password during the initial sign-on as well as periodically (at least every 30 days). I agree to abide by proprietary software regulations and Information Technology Security regulations (MPG 2810.1).

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.

User's Signature/Date: _____

13. Action Required:

☐ New Request for System Access ☐ Delete Existing User Information

II. INTENDED USE INFORMATION

1. Are you a Program/Project Manager or Lead?

☐ Yes ☐ No Program/Project _____

2. Will you be contributing documents to an existing program or project?

☐ Yes ☐ No Program/Project _____

III. ADDITIONAL INFORMATION (CONTRACTORS ONLY)

1. Company Name and Address:	2. NASA Contract Number:

IV. MSFC COTR OR SPONSOR APPROVAL (OFF-SITE/NON-MSFC CONTRACTORS)

1. COTR or Sponsor Legal Name (Last, First, MI):	2. E-mail Address:
3. Phone Number (include area code):	4. COTR or Sponsor Signature/Date:

V. USER ORGANIZATION APPROVAL

1. Supervisor's Legal Name (Last, First, MI):	2. E-mail Address:
3. Phone Number (include area code):	4. Supervisor's Signature/Date:

FOR REPOSITORY USE ONLY

☐ Active ☐ Inactive