

**NAVY MEDICINE OPERATIONAL TRAINING CENTER
MANAGEMENT INFORMATION DEPARTMENT (091S)
COMPUTER SERVICES REQUEST FORM**

DATE (YYYY/MM/DD):

Privacy Act Statement: This document includes material covered by the Privacy Act of 1974, and should be viewed only by the personnel having an official "need to know" the information contained herein.

Please print form and fill out completely. Form must be signed and delivered or faxed to NMOTC 091S – BLDG. 498. Fax number: 850-452-9638

FIRST NAME:	MI:	LAST NAME:	JOB TITLE:	RANK/RATE:	SERVICE:
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COMMAND: <input type="checkbox"/> NMOTC <input type="checkbox"/> NSTI <input type="checkbox"/> NAMI <input type="checkbox"/> Other	DEPT./BRANCH:	DEPT CODE:
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TELEPHONE #:	FAX #:	EMAIL ADDRESS:
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ADDRESS (Street/City/State/Zip Code):

REASON FOR REQUEST:

SECURITY OVERVIEW

Responsibility for the security of information used within NMOTC computer systems rests with each user. Regardless of the countermeasures established to protect confidentiality, preserve the integrity or ensure the availability of the computer systems, networks or the data processed, they provide little security if ignored by individual users. The following User Agreement outlines basic safeguards, which must followed when using NMOTC computer assets.

USER AGREEMENT

1. The use of NMOTC's computer resources is strictly limited to official business.
2. I will protect my password(s) at the highest level of data it secures and not divulge it to anyone except as may be required by the Information System Security Manager (ISSM), Network Security Officer (NSO), or the Information Systems Security Officer (ISSO).
3. All magnetic media must be properly stored and labeled.
4. No personal software may be installed without MID's consent.
5. Any attempt to circumvent security safeguards will result in immediate revocation of my Information Systems access and may be referred for administrative or punitive actions.
6. I will not "HACK" the network or attempt to gain access to data for which I am not specifically authorized.
7. I must immediately report any suspected or real security violation, or any other inappropriate activity I observe directly to N6.
8. Email use will be IAW NOMIINST 5230.4D.
9. Access to the INTERNET is authorized IAW NOMIINST 5230.5A.
10. All computer systems are subject to authorized monitoring to ensure system functionality, verify the application of prescribed security countermeasures, and protect against unauthorized use.
11. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to appropriate law enforcement personnel.

BY MY SIGNATURE, I EXPRESSLY CONSENT TO MONITORING:

SIGNATURE:	DATE (YYYY/MM/DD):
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USER AUTHORIZATION: Based on your understanding of basic Information Security practices and procedures, you are hereby authorized limited access to use NMOTC computer systems and resources necessary to perform your duties. All NMOTC computer systems are to be used for Official Government Business by authorized users only. Individual activities on computer systems are subject to authorized monitoring without notice by system management or systems security personnel. All users expressly consent to monitoring. If monitoring reveals evidence of user misfeasance, he/she will be subject to appropriate disciplinary action.

ISSM PRIVACY ACT STATEMENT: Authority to request this information is contained in 5 U.S.C. Statute 301 to ensure that NMOTC military, GS civilian, and contractor personnel who have signed this security brief/user agreement form are correctly identified.

FOR MID USE ONLY

ACCOUNT: <input type="checkbox"/> NEW <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY		TYPE: <input type="checkbox"/> LAN <input type="checkbox"/> E-MAIL <input type="checkbox"/> OTHER		USER ID:	
ID CARD CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO			SECURITY INDOC: <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS:			COMMENTS:		
ISSM NAME:		DATE:	LAN ADMIN NAME:		DATE:
HELP DESK NAME:		DATE:	E-MAIL ADMIN NAME:		DATE: