NUN SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST
☐ INITIAL ☐ MODIFICATION ☐ DEACTIVATE USER ID: REQUEST DATE *(YYYY/MM/DD)*

SYSTEM NAME
NUN ☐

ACCOUNT TYPES:
☐ USER ☐ PRIVILEGED OTHER TYPES:

LOCATION/SITE ID Choose Location

PART I *(To be completed by Requestor)*

1. NAME *(Last, First, Middle Initial)*
2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT
4. PHONE *(DSN or Commercial)*
5. OFFICIAL E-MAIL ADDRESS
6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS
8. NATIONALITY / AFFILIATION
   ☐ US ☐ 7 NNN
   ☐ NATO
9. DESIGNATION OF PERSON
   ☐ MILITARY ☐ CIVILIAN
   ☐ CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*
    ☐ I have completed Annual Information Awareness Training. DATE (*YYYYMMDD*)
11. USER SIGNATURE
12. DATE *(YYYYMMDD)*

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR*(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

13. JUSTIFICATION FOR ACCESS:

14. SUPERVISOR'S NAME (Print Name)
I certify user need to know access as requested.
LAST, FIRST, MI.

15. SUPERVISOR'S SIGNATURE

16. SUPERVISOR DATE SIGNED: (YYYYMMDD)

17. SUPERVISOR - ENTER REQUESTOR ACCT EXP DATE:

PART III - COMPLETED BY AUTHORIZED IA STAFF ONLY (FOR INFORMATION ASSURANCE (IA) USE ONLY) - REQUIRED FOR ALL ACCOUNTS

18. IA VALIDATION CONFIRMATION DATE (YYYYMMDD):
19. IA PRIVILEGED ACCOUNT VALIDATOR (Print name and sign)
20. DATE SERVICE DESK RECEIVED (YYYYMMDD)
21. SERVICE DESK - PROCESSED BY (Print name and Signed)
22. DATE COMPLETED (YYYYMMDD)

NSHQ Form Sept 2022

INSTRUCTIONS

- Select Type of Request (Initial, Modification, or Deactivate). Enter User ID only for an account modifications or deactivations.Enter the date of request.
- Check “NUN” for System Name.
- For “ACCOUNT TYPES:” check the box for user, privileged, or both.
- Use the “OTHER TYPES:” field to provide additional information (e.g., digital transfers).
- Use the drop down menu to choose from the “LOCATION /SITE ID”.

PART I (To be completed by Requestor)

(1) “NAME” - Last name, first name, and middle initial
(2) “ORGANIZATION” - Requestor’s assigned NSHQ organization.
(3) “OFFICE SYMBOL/DEPARTMENT” - Requestor’s section of assignment
(4) “PHONE” - Enter DNS or commercial phone number.
(5) “OFFICIAL E-MAIL ADDRESS” of the Requestor.
(6) “JOB TITLE AND GRADE/RANK” enter the Requestor’s position title. For military Grade/Rank. Military recommend using NATO Rank (e.g., OR-5 or CIV for civilians, and CTR for contractors.
(7) “OFFICIAL MAILING ADDRESS” - For example “NSHQ, Bldg. 915, Rue Clark, SHAPE 7010 BE”, or other official mailing address.
(8) “NATIONALITY/AFFILIATION” - Check one of the boxes and use the drop down menu for the Requestor to select their home nation designator.
(9) “DESIGNATION OF PERSON” - Check the box that applies.
(10) “IA TRAINING AND AWARENESS CERTIFICTION REQUIREMENTS” - Check the box to acknowledge completing the training, and use the “DATE” drop down menu to record the date the IA training was completed.
(11) “USER SIGNATURE” - Requestor’s signature (electronic preferred).
(12) “DATE” - Use the drop down menu to identify when the Requestor has completed their portion of the form.

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR *(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

(13) “JUSTIFICATION FOR ACCESS” - A justification statement is required to establish a NUN Account. Contractors must also specify company name.
(14) “SUPERVISOR’S NAME” - Print supervisor’s name certifying the Requestor’s need for NUN access.
(15) “SUPERVISOR’S SIGNATURE” - Electronic signature preferred, but it must be signed.
(16) “DATE SIGNED…” by the supervisor using the calendar drop down calendar.
(17) “ACCOUNT EXP. DATE:” is the date the Requestor’s access is terminated.

PART III – COMPLETED BY AUTHORIZED STAFF ONLY

(18) “IA VALIDATION CONFIRMATION DATE:” - Date IA confirms privileged request is valid.
(19) “IA PRIVILEGED ACCOUNT VALIDATOR” - IA person validating the privileged account request prints last name, first name and middle initial in the upper box, and electronically signs in the lower box.
(20) “DATE SERVICE DESK RECEIVED” the request.
(21) “SERVICE DESK - PROCESSED BY” - In the upper box print last name, first name and middle initial. In the lower box electronically sign the document.
(22) “DATE COMPLETED“ - Date the SD technician completed the user request.