

NEW NETWORK ACCOUNT REQUEST FORM

NOTE: This form must be accompanied with a completed Form NGOH 25-01, Network Acceptable Use Agreement

SECTION I – TO BE COMPLETED BY THE REQUESTER

1. Name: <i>(Last, First, Middle)</i>		2. Rank:	3. Help Desk #: 614-336-7168
4. Status			
<input type="checkbox"/> Technician (full-time)			
<input type="checkbox"/> Temp Tech	End Date:		
<input type="checkbox"/> AGR	Tour End Date:		
<input type="checkbox"/> ADOS	Orders End Date:		
<input type="checkbox"/> M-Day	ETS Date:		
<input type="checkbox"/> State Employee			
<input type="checkbox"/> Contractor	Company Name:	Contract End Date:	
5. Position Description		6. DoD EDI Person Identification #:	
6a. AKO and DISA EE Email Address		6b. Verified By:	
7. Unit, Directorate, or Office		8. Unit Phone:	
9. Immediate Supervisor		10. Supervisor's Phone:	
11. Distribution or Security Groups			

SECTION II – NETWORK ACCEPTABLE USE AGREEMENT

Initial Information Assurance Awareness training must be accomplished prior to the signing of this agreement

12. I have read the Ohio Army National Guard Network Acceptable Use Policy regarding the use of OHARNG Network resources. I understand my responsibilities regarding these systems and the information contained in them.

13. Signature	Date

I certify that I have briefed the new user on Information Assurance Awareness and the Ohio Army National Guard Acceptable Use Policy. I have also verified their identity and information.

14. Name of IASO	Signature	Date

SECTION III – BACKGROUND CHECK / SECURITY CLEARANCE

Personnel requiring access to Information Systems to fulfill their duties will possess the required National Agency Check (NAC) or higher. (AR-25-2)

15. Security Manager Validates the Background Investigation or Clearance Information

Type of Investigation	Date of Investigation (YYYYMMDD)		
Clearance Level	IT Level Designation		
Verified By <i>(Print Name)</i>	Security Manager Telephone Number	Security Manager Signature	Date (YYYYMMDD)