# DEPARTMENT OF EDUCATION

# FEDERAL STUDENT AID

***User ID Request Form***

**This document contains sensitive personal information, please secure accordingly.**

| A. USER INFORMATION | _____ED employee | _____Contractor (List Company Name) _____ |
|---|---|---|

Name: _____ _____ New User

Last Four Digits of SSN: _____ _____ Delete User

Current User ID (if any)_____ _____ Change/ Expand Access

Phone: _____ _____ Renew Access

Short Description of Task (**REQUIRED**):_____

**System Security Officer or Alternate to be notified when access is completed. (FSA SSO)**:

Name_____Email adress_____Telephone_____

Alternate (SSO): Name: _____Email Address: _____Telephone_____

| B. TYPE OF ACCESS REQUIRED | **Must Include Exact Information from Matrix To Match Headings or cut and paste directly from the matrix** |
|---|---|

| **VDC Application Manager** | **SFA Application** | **VDC System Name** | **Prod Level** | **Access type User/Developer/DBA** | **System Type** | **Comments Ex. Group name)** |
|---|---|---|---|---|---|---|

Additional Comments:

_____

_____

_____

System Security Access Controls require a clearance at one of the listed risk levels to be met. The applicant has submitted all required forms to FSA Personnel Security for clearance at this level.

*Check One* (**SSO is Required to Select**)

_____Low Risk, **1C** (SF-85, OF-306, Fingerprints)

_____Moderate Risk, **5C** (SF-85P, OF-306, Credit Release, Fingerprints)

_____High Risk, **6C** (SF-85P, OF-306, Credit Release, 85P-S, Fingerprints)

1. Applicant: _____ _____ Date_____
*Print Name* *Signature*

2. Applicant Supervisor: _____ _____ Date_____
*Print Name* *Signature*

3. SSO, FSA Project Mgr, or COTR: _____ Date_____
*Print Name* *Signature*

**C. SFA Personnel Security Office Use Only**

Approval___Monica Glee__Rm 22B2____ _____ Date: _____
*Print Name* *Signature*

Current Security Status: ☐ In Progress ☐ Level_____

Date Security Packet Forwarded to FSA HR: _____