

USAAMDS ROMANIA DEVICE ACCESS FORM

Access Period From: _____ To: _____

Rate/Rank: _____ Full Name: _____

Organization: _____

E-mail: _____ Phone Number: _____

Government Furnished Equipment: Y N External Network: Y N

Classification: NIPR SIPR Connect to USAAMDSRO Network: Y N

Date of Last Scan: _____

Will Device Connect to USAAMDSRO Equipment: Y N

If yes, what equipment: _____

Reason Justification:

I acknowledge, understand, and I will comply with all applicable DOD, DON, and USAAMDSRO policies, procedures, regulations and instructions regarding usage of electronic devices, personal or otherwise.

Requestor signature: _____

USAAMDSRO AUTHORIZATIONS:

CSOOW Signature: _____

ISSM/ISSO Signature: _____

TAO Signature: _____

DETACH AND RETAIN WITH AUTHORIZED DEVICE

Make: _____

APPROVED

Model: _____

CSOOW: _____

Serial Number: _____

ISSM/ISSO: _____

Access Granted:

TAO: _____

From: _____

To: _____