



# Customer Request for Web Access

## A. Customer Identification

1. Name	2. Last 4-Digits of SSN
3. Job Title	4. Telephone Number <i>(Include area code)</i>
5. Company Name	6. Email Address
7. Business Address	8. Corporate HQ Location <i>(If different from your Business Address)</i>

## B. Customer Computer Access Authorization

1. USER RESPONSIBILITY AGREEMENT STATEMENT: I am responsible for the Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. Access to computer data or files not authorized to me is prohibited. My logon ID may be suspended indefinitely if I violate security procedures. Misuse of a USPS computer system will be reported to the US Postal Inspection Service. The Postal Service reserves the right to monitor the network to identify unauthorized attempts to upload or change information, or otherwise cause damage. Read the Privacy Act statement before signing. Note: The Privacy Act statement MUST be on this form.

I certify that I have read and understand the foregoing and the Privacy Act statement below. Additional responsibilities can be found in Handbook AS 805, *ADP Security*, and in the *Administrative Support Manual*.

Requestor's Signature
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Date
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2. Application Name(s)

3. SITE ADMINISTRATOR RESPONSIBILITY STATEMENT: I authorize this person to have access to USPS web application(s). I agree that the logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon transfer or termination of user, I will advise the USPS Computer Systems Security Office in writing as the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and files and/or data.

Additional responsibilities can be found in Handbook AS 805, *ADP Security*, and in the *Administrative Support Manual*.

Company Site Administrator's:

a. Name
d. Signature

b. Last 4-Digits of SSN	c. Date
e. Telephone Number <i>(Include area code)</i>	

## C. USPS Computer Access Approval

1. USPS Functional System Coordinator	a. Signature	b. Date	c. Telephone
2. USPS Login ID Administrator	a. Signature	b. Date	c. Telephone

## D. Privacy Act Statement

The collection of this information is authorized by 39 USC 401 and Public Law 100-235, *Computer Security Act of 1987*. This information will be used to assign computer logon IDs by which access to data and/or files on a computer system is limited to authorized persons through the use of a computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OPM for review of private relief legislation; to labor organizations as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to hiring, contracting, or licensing by the requesting agency; to an expert or consultant under contract with USPS to fulfill an agency function; to Federal Records Center for storage; to Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.