

VCSS USERID REQUEST FORM

PART I. USER INFORMATION				
Type of Request (Check one):		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
Agency: GSA	Region:	Service:	Correspondence Symbol:	
Name (Please print First, MI, Last):				
Job Title:			Telephone:	
Internet e-mail address:			Security Org: <i>(For Official Use Only)</i>	
Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Requestor's Job Function requiring VCSS access (be specific)				
Roles (Check one)				
Finance Users only - R6R7Vendor: <input type="checkbox"/>		R6R7Customer: <input type="checkbox"/>		

Non-Finance Users only - Customer Support: <input type="checkbox"/>		View VCSS: <input type="checkbox"/>		
In requesting this VCSS User ID, I certify that I have read and agree to abide by the GSA Rules of Behavior which are located: http://insite.gsa.gov/wps/portal/gsa_insite/information_technology/it_security/it_security_policies				
Requestor's Signature:				
Date:				
I certify that I have read the GSA IT Security Rules of Behavior <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that I have taken the Mandatory IT Security Awareness Training/Privacy Act Training:				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
PART II. SUPERVISOR APPROVAL				
Supervisor's Name (Please print First, MI, Last): _____				
Telephone # : _____				
Supervisor's Signature: _____			Date: _____	
I certify that this user has taken the Mandatory IT Security Awareness Training/Privacy Act Training: <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART III. FUNCTIONAL COORDINATOR/SERVICE REP APPROVAL				
Signature:			Date:	