

## Request for Access to SIPRNET Reading Room

Date SIPRNET Access Required: \_\_\_\_\_

Time Access Required:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

NASA Office/Directorate/Code: \_\_\_\_\_

Requestor Work Phone Number: \_\_\_\_\_

Requestor Work Email Address: \_\_\_\_\_

Requestor NSS Email Address (if applicable): \_\_\_\_\_

Name of Sponsor (Host of the meeting) OR  
Name of COR if the Requestor is a contractor: \_\_\_\_\_

NASA Office/Directorate/Code: \_\_\_\_\_

Sponsor or COR Work Phone Number: \_\_\_\_\_

Sponsor or COR Work Email Address: \_\_\_\_\_

Sponsor or COR NSS Email Address (if applicable): \_\_\_\_\_

I understand that access to the SIPRNET Reading Room will be immediately terminated if any of the following occur: my employment or contract at NASA is terminated; my security clearance is downgraded below SECRET; I violate applicable NASA security and/or information assurance directives or regulations; or I violate the Standard Operating Procedure.

Requestor Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only:

1st Endorsement, Personnel Security:

- Clearance Eligibility \_\_\_\_\_
- Investigation Type \_\_\_\_\_
- Investigation Date \_\_\_\_\_

Certifier Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Endorsement, Badging Office:

Access Control System Update for Access to SIPRNET Reading Room

Date User Access Granted: \_\_\_\_\_

Badging Official Name: \_\_\_\_\_

Badging Official Signature: \_\_\_\_\_

Date User Access Terminated: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Removed from Roster: \_\_\_\_\_

Date (*Initials*): \_\_\_\_\_

Removed from Access: \_\_\_\_\_

Date (*Initials*): \_\_\_\_\_