

# MODERN DCPDS USER ID PASSWORD RECEIPT

## PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes Collection of this information. The information will be used to verify that you are an authorized user of a Government Automated Information System (AIS). Although disclosure of the information is voluntary, Failure to provide the information may impede or prevent the processing of your "MDCPDS User Id Request".

<b>NAME (Last, First, MI):</b>
<b>ACTIVITY CODE / ORG CODE::</b>
<b>DSN PHONE NUMBER:</b>

**YOUR RESPONSIBILITIES:**

1. I understand my obligation to protect my password.
2. I assume responsibility for the data and system to which I am granted access. I will not exceed my authorized access.
3. I have read the "System Security Authorization Agreement" and will adhere to my responsibilities described therein.
4. I further understand if I am TDY, on leave, or any other circumstance for which I will be out of my office for 30 or more days, that I will notify the System Administrator to deactivate my account.

<b>USER ID:</b>	<b>GROUPBOX ID:</b>
<b>TEMPORARY PASSWORD:</b>	<b>PRINTER NAME:</b>
<b>PERSONNELIST:</b> <input type="checkbox"/> <b>SYSTEM ADMIN:</b> <input type="checkbox"/> <b>MANAGER/SUPERVISOR:</b> <input type="checkbox"/>	

SYSTEM ADMINISTRATOR POCS:	
PRIMARY.....	Gregory Bernard (614) 692-6085 DSN: 850-6085
ALTERNATE .....	Kathy Carson (614) 692-6074 DSN: 850-6074
ALTERNATE .....	Diana Samples (614) 692-0332 DSN: 850-0332
<b><i>Below is for Sys Admin Use ONLY</i></b>	
Date Form Received:	Date User Id Created:
Date User Notified:	Date User Deleted:
SYS ADMIN SIGNATURE:	DATE: