

DoD Account Request

FORMS NEEDED:

- *MRMC 25-2;
- *Current IA Training Certificate (if applicable-see 1b.);
- *eIT AUP (if applicable-see 1c.).

INSTRUCTIONS:

1a. *MRMC 25-2: Fill out and Sign Section A, General Information

1. SERVICES REQUESTED: 1b. <u>Additional Account</u>	1e. PRESENT USER ACCOUNT (if applicable) <u>N/A</u>	1f. REASSIGN FILES TO: <u>N/A</u>
2. TYPE OF SERVICE REQUESTED: 2a. General Basic <input checked="" type="checkbox"/> 2b. Special Special Services: <u>ACCOUNT REQUEST: EDMS GENERAL ACCOUNT (EXAMPLE)</u>		
3. USER INFORMATION: 3a. Rank/Title: <u>i.e. Mr./Ms./CPT</u> 3b. Name (First MI Last) <u>Requestor's Full Name</u> 3c. Status: Military Civilian Student Contractor Foreign National (<u>Requestor Check Applicable Box</u>) 3d. Street Address: <u>Organization (Mailing) Street Address</u> 3e. Zip: <u>Organization (Mailing) Zip Code</u> 3f. Organization/Activity: <u>Name of Requestor's Org. i.e. eIT PMO</u> 3g. *Company: <u>If Contractor, Name of Company</u> 3h. Office Symbol: <u>Org Office Symbol If Applicable</u> 3i. Bldg No. / Rm. No: <u>Insert</u> 3j. Telephone No: <u>Work Number</u> DSN: <u>If Applicable</u> Fax: <u>If Applicable</u>		
4. EFFECTIVE DATE OF REQUEST (YYYYMMDD): <u>Insert</u>	5. AKO E-MAIL ADDRESS: <u>Insert AKO or Work Email</u>	
6. COMMENTS/NOTES: <u>Requestor may add comment/note if necessary, or attach comment/notes when routing</u>		
7a. AIASO PRINTED NAME: <u>N/A</u>	7b. Signature: <u>Handwritten or Electronic</u>	7c. Date Signed: (YYYYMMDD): <u>Insert</u>

1b. *IA Training Attachment (If Applicable):

- ❖ ***MRMC HQ/Subordinate Commands:** If the Requestor's organization tracks IA training in ATCTS, *no action* is required for this step (MRMC IAM will verify training is current in ATCTS). If Requestor's organization *does not* track training in ATCTS, attach current IA Training Certificate.
- ❖ ***DoD outside MRMC HQ/Subordinate Commands:** Attach current IA Training Certificate.

1c. *eIT AUP Attachment (If Applicable):

- ❖ **DoD, other than MRMC/Subordinate Commands:** Read and Sign eIT AUP. Attach signature page.
- ❖ **Note:** Government Sponsor Signature on AUP is *not required/not applicable* for DoD Requestors.

ROUTING:

Requestor will email/route the MRMC 25-2 to [eIT PMO Product Support](#)

Attach IA Training Certificate, *if applicable* and Signature Page of eIT AUP, *if applicable*

REQUEST FOR COMPUTER SERVICES

AUTHORITY: For use of this form see USAMRMC Memorandum 25-2

PRINCIPAL PURPOSE: To request initial account or request changes to existing account.

ROUTINE USES: To establish USAMRMC accounts.

DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.

SECTION A - GENERAL INFORMATION *(To be completed by AIASO)*

1. SERVICES REQUESTED: 1b. Additional Account	1e. PRESENT USER ID/ACCOUNT (if applicable): N/A	1f. REASSIGN FILES TO: N/A
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2. TYPE OF SERVICE REQUESTED: 2a. General Basic 2b. Special *(complete below)*

Special Services: ACCOUNT REQUEST:

3. USER INFORMATION:

3a. Rank/Title: _____ 3b. Name *(First MI Last)*: _____

3c. Status: Military Civilian Student Contractor Foreign National

3d. Street Address: _____ 3e. ZIP Code: _____

3f. Organization/Activity: _____ 3g. *Company: _____

3h. Office Symbol: _____ 3i. Bldg No/Room No: _____

3j. Telephone No: COMM: _____ DSN: _____ FAX: _____

4. EFFECTIVE DATE OF REQUEST: (YYYYMMDD)	5. AKO E-MAIL ADDRESS:
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6. COMMENTS/NOTES:

REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION

ROUTING: SEND TO USAMRMC.EITPMO@amedd.army.mil

(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING. "gk/CWR="HICRRNECDNG)

7a. AIASO Printed Name: N/A	7b. F.Yei Ygrcf'	7c. Date Signed: (YYYYMMDD)
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SECTION B - AUTHENTICATION *(To be completed by Responsible Functional Proponent, as appropriate)*

1. System:	2. Privileges:	3. Date Signed: (YYYYMMDD)	4. Proponent Signature:

SECTION C - VERIFICATION *(To be completed by Security Officer) SECTION C NOT APPLICABLE FOR eIT ACCOUNT*

1. Status:	2. Date Signed: (YYYYMMDD)	3. Security Officer Signature:

SECTION D - APPROVAL *(To be completed by IASO)*

1. IASO Printed Name:	2. IASO Signature:	3. Date Signed: (YYYYMMDD)