

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI

My Education Account Request

Military, Federal Employees, Federal Contractors, DoD/DHS Employees

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, Public Law 99-474, the Computer Fraud and Abuse Act; and System of Records Notice: NM0500-2 Program Management and Locator System.

PRINCIPAL PURPOSE: To record user identification for the purpose of verifying the identities of individuals requesting access to Department of Defense (DOD) systems and information.

ROUTINE USES: The collection of data is used by Navy Personnel Supervisors/Managers, Administration Office, Security Managers, Information Assurance Managers, and System Administration with a need to know.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

(1) Command:	(2) Date:
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(3) Work Address:

(4) Requestor's Name: (Last, First MI)

(4a) Requestor's Work Email Address:	(4b) Phone: (include area code)
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(4c) DoD ID/EDIPI/PIV #:	(4d) Current NCMIS ID: (OBIEE only)
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(5) Supervisor's Name:	(5a) Supervisor's Phone:
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(5b) Supervisor's Email:

(5c) Supervisor's Signature: (Digital Signature Required)

(6) Position: (Choose most appropriate)	Navy Career Counselor (NCC)
Education Services Specialist (TA)	Social Services Assistant
Education Technician (TA)	Pers & Prof Development Technician
Subject Matter Expert (SME- CG/MC)	Career Services Specialist
Education Services Officer (ESO)	Other (Complete 6a)

(6a) Other: (Please Specify)

(7) Requesting Access to the following applications: (Check all that apply)

- Oracle Business Intelligence Enterprise Edition (OBIEE)
- United States Military Apprenticeship Program (USMAP)
- Joint Services Transcript (JST)
- Seaman to Admiral (STA-21)

(7a) Justification for Access:		
(8)	I have completed Information Assurance/Cyber Security Awareness Date of completion:	
(9)	Is a System Authorization Access Request (SAAR-N) on file?	Yes No
Supervisor:		
(10)	I certify the above request is valid and all information contained within this document is correct and verified.	
(11) Requestor Signature: (Digital Signature Required)		
(12) Command IAM Signature: (Digital Signature Required)		
(13) Program Manager or Delegate Signature: (Digital Signature Required)		

My Education Account Request Form Instructions

Military, Federal Employees, Federal Contractors, DoD/DHS Employees

1. Enter name of your Command
2. Enter date of request
3. Enter department code and mailstop. (Ex: N615, Saufley Field, Mail Stop 5)
4. Enter Last Name, First Name, and Middle Initial of Requestor.
 - a. Enter a valid .mil e-mail address for Requestor
 - b. Enter Requestor's phone number.
 - c. Enter Requestor's DoD ID/EDIPI/PIV # (located on back of CAC for all cards issued after June, 2011)
 - d. Enter current NCMIS USER ID. This will be your OBIEE user name. NEW users leave this section blank
5. Enter name of Supervisor.
 - a. Enter Supervisor's phone number.
 - b. Enter a valid .mil e-mail address for supervisor
 - c. Supervisor must digitally sign the request.
6. Select the applicant's position by placing a check-mark in the appropriate box.
 - a. If 'other' selected in previous section, specify other access.
7. Select the applicable application(s) you are requesting access to by placing a checkmark in the appropriate box(es).
 - a. Enter a brief justification for access.

8. Place a checkmark in the box to confirm completion of Information Assurance/Cyber Security Awareness training. If not completed, leave blank.
9. Place a checkmark in the appropriate box regarding status of SAAR.
10. Supervisor should place a checkmark in the box to certify integrity of information provided on form.
11. Requestor must digitally sign here.
12. Command IAM must digitally sign here.
13. My Education Application Program Manager (APM) or Program Management Office (PMO) Designee must digitally sign here.

Request Form Submission Process

Requestor -> Supervisor -> IAM -> NCMIS Program Manager (final signature) **For NCMIS Application Program Manager Signature, return form to:**

Application is submitted to NCMIS Program Office using the Navy Assistance Center Help Request. User must select "NCMIS User Support" category when submitting their ticket. Assistance Center can be accessed at:

http://supportsystem.livehelpnow.net/new_ticket.aspx?cid=30432

For IA Signature (NETPDTC employees only) send form to:

NETPDTC_IA@NAVY.MIL

In the subject line, list: MyEd Account Request followed by your name (LAST, FIRST), FOUO Privacy Sensitive

Sample subject line: MyEd Account Request, DOE, JANE, FOUO Privacy Sensitive.

Additionally, in body of the e-mail, you must include: "For Official Use Only. Privacy Sensitive Information.

Any misuse or unauthorized disclosure may result in both civil and criminal penalties."

For IA Signature (USN, USMC, USCG personnel only) send form to:

Send to your **OWN Command IA Manager** for approval, then send completed form to NCMIS Program