

USAR Terminal Server Access Controller System (TSACS) Registration Form

[For use of this form see USARC Reg 25-10; the proponent agency is the DCS, G-6.]

Personal Data

Last Name _____ First Name _____ MI _____

Suffix (e.g., Jr., Sr., III) _____ Rank _____ Last Four Numbers of SSN

Staff Section _____

DSN Phone Number

Primary _____ Extension _____ FAX _____

Commercial Phone Number

Primary _____ Extension _____ FAX _____

Electronic Mail Address

_____ @usarc-emh2.army.mil

Unit Mailing Address

City _____ State _____ Zip _____

Verification and Acknowledgment

I verify that the above data is correct. I acknowledge and agree that I will :

- use US Government resources only for the performance of official duties;
- protect data, software and hardware to the best of my abilities;
- protect and account for all proprietary and copyrighted material;
- report security incidents to the ISSO immediately;
- be the exclusive user of my individually assigned logon ID and password;
- protect TSACS account information and telephone access numbers as FOUO;
- consent to government monitoring of system usage;
- access only the authorized resources and abide by applicable security regulations and guidelines.

Applicant: "I have read the above-stated requirements and will comply."

Signature _____ Date _____

Printed Name _____

Applicant's Supervisor

This person has an official need for a TSACS logon and password.

Signature _____ Date _____

Printed Name _____

Personnel Security Manager

This person's security clearance is _____ .

Signature _____ Date _____

Printed Name _____

USAR TSACS Service Provider

Signature _____ Date _____

Printed Name _____

Mail completed form to US Army Reserve Command (AFRC-CII),
(TSACS), 1401 Deshler Street SW, Fort McPherson, GA 30330-2000