Print Form

Please Complete all applicable portions of this worksheet when requesting a TSACS account

Fort Hood DOIM

ONLY Appointed IASO's can request TSACS

Terminal Server Access Controller System (TSACS) Registration Worksheet

Users are encouraged to visit the TSACS Home Page at http://www.tsacs.army.mil/ for more information !!)

Installation/OrganizationTriCode:	New: ☐	Renewal: ☐	Delete: ☐

Personal Data Section

LastName:	First:	MI:
Last 4 of SSN:	**Select Your Rank**	Date of Departure:

DSN Phone Numbers Section

Primary:	Ext:	Fax:

Commercial Phone Numbers Section

Primary:	Ext:	Fax:

Electronic Mail Address Information Section

Primary:

Mailing Address Information Section

Line 1:

Line 2:

Line 3:

City: **0**	Zip:

Certification Section

I certify that the above data is true and correct. Also, I acknowledge and agree that:

- U.S. Government resources will only be used for the performance of official duties
- Data, software and hardware will be protected to the best of my abilities
- Proprietary and copyrighted material will be appropriately protected
- Security incidents will be reported to the ISSO immediately
- Users will only use their individually assigned login ID & will protect passwords and access numbers as FOUO
- Users will access only the resources as authorized & will abide by applicable security regulations

Applicant: **I have read the above and will comply to the best of my ability**

Signature:

Validation Verification & Authentication Section

Applicant's Supervisor: **To conduct daily business this person has an official need for a TSACS logon and passwd pair.**

Signature:

Information Systems Security Officer: **This person has the appropriate level of security clearance.**

Signature:

DOIM/Service Provider Officer: Based on this document and other evidence provided to me this person has a need for network access.

Signature:

NOTES:

USER Applications -- Users must complete this form and return it to your service provider (i.e., IMO or DOIM) for their consideration, action and filing as appropriate.

Service Providers -- Applicants for service provider accounts must complete this form and FAX it to (DSN) 879-6809 (COM) 520-538-6809

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