



ACRS TIME SHARING REQUEST FORM

PRIVACY ACT STATEMENT: The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Time Sharing Customer Account. Furnishing the information on this for, including your Social Security Number, is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.

NOTE: Information from this form is used to establish a Time Sharing Account.

1. ACTION REQUESTED (Check only one of the three items)

- CREATE NEW CUSTOMER
 MODIFY EXISTING CUSTOMER
 DELETE EXISTING CUSTOMER

2. CUSTOMER INFORMATION

A. NAME		B. TIME SHARING CUSTOMER ID	C. SOCIAL SECURITY NUMBER
D. TELEPHONE NUMBER (Include Area Code)		E. FACILITY (STATION) NUMBER/SUFFIX OGA	F. MAIL ROUTING SYMBOL OR STOP CODE
G. JOB TITLE			H. SUBSYSTEM APPLICATION FUNCTION CODE (SAFC) 26D2
I. IF FOR CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE (Month, day, year)		J. EMPLOYER (For Contractor or Other Government Organization)	

K. OFFICE ADDRESS (Street, City, State, Zip Code, for Contractor or Other Government Organization)

E-mail address:

Proxy Server/IP Address:

NOTE: See reverse for instructions.

3. FUNCTIONAL TASKS

CHECK APPROPRIATE BOX		FUNCTIONAL TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE (If required)
ADD	DELETE		
<input type="checkbox"/>	<input type="checkbox"/>	1NARA85—MRS Record Order	
<input type="checkbox"/>	<input type="checkbox"/>	1NARA86—MRS Look-up only	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

4. SIGNATURES

REQUESTING OFFICIAL & TITLE	DATE
APPROVING OFFICIAL & TITLE	DATE
SECOND APPROVING OFFICIAL & TITLE (If required)	DATE
FACILITY POINT OF CONTACT	DATE