

# DELEGATE DATA SYSTEM ACCOUNT REQUEST FORM

FOR GSA EXTERNAL USERS (NON-GSA GOVERNMENT EMPLOYEES AND NON-GSA CONTRACTORS)

Complete (type) "User" and "User's Government Supervisor" sections. Print and sign the form. Have your supervisor sign the form. E-mail scanned, signed copy to GREXaccess@gsa.gov.

User			
<b>Name:</b>	<b>E-mail:</b>		
<b>Telephone:</b>	<b>Fax:</b>		
<b>Address:</b>			
<b>Agency / Department:</b>		<b>Bureau:</b>	
<input type="checkbox"/> <b>Employee</b>	<b>If Employee, Contracting Officer (GSA regulations)?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Contractor</b>	<b>If Contractor, Company Name:</b>		
<b>Background Investigation Type (e.g. MBI):</b>		<b>Adjudication Date (mm/dd/yyyy):</b>	
<b>Justification for Access:</b>			
I certify that my investigation information above is current and accurate. I agree to abide by all security policies, standards, and procedures of my agency. I have also read and agree to abide by the GSA IT General Rules of Behavior. I understand that GSA may monitor and audit my account usage and that using the system constitutes consent to such activities. I agree to use the system only for authorized purposes related to official business.			
<b>Signature:</b>		<b>Date:</b>	

User's Government Supervisor	
<b>Name:</b>	<b>E-mail:</b>
<b>Telephone:</b>	<b>Fax:</b>
I certify that I am a government employee and my agency's contact with GSA for this program. I also certify that the user's investigation information above is current and accurate. If the user leaves my agency or transfers to another department, I agree to immediately notify : GREXaccess@gsa.gov _____	
<b>Signature:</b>	<b>Date:</b>

GSA PBS Office of Real Estate Acquisition	
<b>Name:</b> Silvia Seymour	<b>Designee Name:</b>
I approve an account for the user with the Agency Submitter role.	
<b>Signature:</b>	<b>Date:</b>

GSA PBS OCIO Information System Security Officer (ISSO)	
<b>Name:</b> Mort Glassman	<b>Designee Name:</b>
I approve an account for the user with the Agency Submitter role.	
<b>Signature:</b>	<b>Date:</b>