Request for Access to NED Sensitive Data via ISC Web Services

INSTRUCTIONS:
1. Please complete and sign the form below. **(Request must signed by an NIH government employee.)**
2. Print the completed form and fax to NED Administrators at 301-451-5703.

REQUESTOR INFORMATION (Please print)

Name_____   Building _____

IC _____   Room_____

Phone _____   Email _____

NED Privacy Act Acknowledgement:
I understand that I am requesting access to sensitive data covered under the NED Privacy Act System of Records Notice (SORN). I am requesting access to this data in order to carry out my professional agency duties and agree to use the data only for the specific purpose described in this request. I agree to safeguard the NED sensitive data and ensure that access is limited to individuals with an official need to know. I understand that I am subject to criminal penalties should I fail to comply with these requirements.

Requestor Name: _____
(Please Print)

Requestor Signature: _____   Date: _____

Type of Request (check one):

1) _____ New Request   2) _____ Change in Access   3) _____ Delete Access

Describe the reason for this request and the intended use of the data.

List Institutes/Centers (ICs) for which you need access (or indicate "All" if access to data for all ICs is being requested).

Request for Access to NED Sensitive Data via ISC Web Services

Check (far right column) the data elements to which you are requesting access.

Data Element	Description	Comments	√
HOMEFAX	Home facsimile number of person in full international form (initial '+' followed immediately by country code followed by space separated phone number). Can be followed by an optional bit string (formatted according to ITU-T Recommendation T.30).		
HOMEPHONE	Home telephone number of person in full international form (initial '+' followed immediately by country code followed by space separated phone number). May contain extensions by following the number with a space, then 'x', immediately followed by the extension. For example, "x35".		
HOMEPOSTALADDRESS	Full residential postal address of a person, including street address, city, state, and zip code. Lines are separated by '$'.		
JPEGPHOTO	JPEG photograph of person.		
NIHJPEGPHOTODATE	Date of person's JPEG photograph.		
NIHDATEOFBIRTH	Date of birth of person.		
NIHCITYOFBIRTH	City of birth of person.		
NIHCOMPANYNAME	Company affiliation of NIH contractor.		
NIHCOMPANYPHONE	Company phone number of NIH contractor.		
NIHCOUNTRYOFBIRTH	Country of birth of person.		
NIHCOUNTRYOFCITIZN	The two character FIPS 10-4 code of the person's country of citizenship. These codes are maintained by the standards body, National Geospatial-Intelligence Agency (NGA). This will be set to the value 'US' if nihUSCitizen is set to 'Y'.		
NIHGENDER	Gender of person.		
NIHHOMEMAIL	Non-work associated email address of person.		
NIHSSN	Social security number of person.		
NIHSTATEOFBIRTH	State of birth of person.		
NIHUSCITIZEN	US citizenship status of person.		
PERSONALMOBILE	Personal mobile telephone number of person in full international form (initial '+' followed immediately by country code followed by space separated phone number). This attribute may contain extensions by following the number by a space then 'x' then immediately followed by the extension. For example, "x35".		
PERSONALPAGER	Personal pager telephone number of person in full international form (initial '+' followed immediately by country code followed by space separated phone number). This attribute may contain extensions by following the number by a space then 'x' then immediately followed by the extension. For example, "x35".		

Request for Access to NED Sensitive Data via ISC Web Services

Data Element	Description	Comments	√
NIHETD	Emergency tier designation of an NIH employee		

Request for Access to NED Sensitive Data via ISC Web Services

_____

Is the data you requesting covered under an existing Privacy Act authorization or will you be accessing the data as an extension system of NED?   If covered under an existing Privacy Act authorization, please identify.

_____

Request Approved By:

NIH Privacy Office Representative Name (please print):

_____

NIH Privacy Office Representative:

Signature: _____ Date: _____

_____