

# NATIONAL FINANCE CENTER AGENCY SECURITY OFFICER DESIGNATION FORM

*Please complete one form for each security officer*

DEPARTMENT		AGENCY		
PERSONNEL OFFICE ID (POI)		EFFECTIVE DATE: <i>(Date designated as a security officer if known, if not, list current)</i>		SECURITY OFFICER TYPE <input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT
SECURITY OFFICER NAME		SOCIAL SECURITY NUMBER	PHONE	EMAIL
AGENCY OFFICIAL			PHONE	EMAIL
AGENCY OFFICIAL TITLE		AGENCY OFFICIAL SIGNATURE		DATE
<b>AMB USE ONLY</b>				
REMEDY TICKET NUMBER			DATE	
ACCESS GRANTED <input type="checkbox"/> REPORTING CENTER <input type="checkbox"/> SALL			ADMINISTRATOR NAME	
<p><b>PRIVACY ACT NOTICE:</b> In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA or employing agency. Disclosure of your SSN and other information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.</p>				