United States Department of Agriculture

CLASSIFIED STAND-ALONE COMPUTER USER ACCOUNT TERMINATION

SECTION 1 USER DATA *(To be completed by the System Owner or Requestor)*

1. Last Name	2. First Name	3. Middle Initial

4. Rank/Title	5. User ID	6. Email Address (Unclassified)

7. Contact Number	8. Department	9. Agency/Office

10. Site Address

11. City	12. State	13. Zip Code

SECTION 2 CLASSIFIED COMPUTER INFORMATION
(To be completed by the System Owner)

14. Classified System Registration Number

15. System Owning Agency	16. System Owner

17. Reason for Account Termination
- ☐ Access no longer required
- ☐ Employment Ended
- ☐ Clearance suspended / revoked

18. Effective Date of Account Closure _____

19. Agency ISC (Printed Name)	20. Agency ISC Notified ☐ Yes ☐ No

21. Comments

I hereby give permission to deactivate the user account for the named individual listed in Section 1, from the computer listed in Section 2.

22. System Owner (Printed Name)

23. Signature	24. Date

SECTION 3 DEACTIVATION CERTIFICATION
(To be completed by the System Administrator)

I have removed the user account in accordance with the technical controls specified in the MSSP.

25. Printed Name

26. Signature	27. Date