

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>		
NFC USER ID	SECURITY OFFICER ROLE <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	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
AMB USE ONLY			
REMEDY TICKET NUMBER	DATE		
ACCESS GRANTED <input type="checkbox"/> REPORTING CENTER <input type="checkbox"/> SALL	ADMINISTRATOR NAME		
<p>PRIVACY ACT NOTICE: 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>			

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