SECURE FILE TRANSFER PROTOCOL (SFTP)
FILE TRANSMISSION REQUEST
To be completed by requesting official

SECTION 1. CONTACT INFORMATION

1. DEPARTMENT/AGENCY	2a. AGENCY CONTROL/TRACKING NUMBER	2b. NFC CONTROL (SCR) NUMBER	3. DATE OF REQUEST

AUTHORIZED REQUESTING OFFICIAL	NETWORK POC
4. NAME/TITLE	7. NAME/TITLE
5. EMAIL ADDRESS	8. EMAIL ADDRESS
6. PHONE NUMBER	9. PHONE NUMBER

SECURITY POC	INTERCONNECTION SECURITY AGREEMENT (ISA) POC DOES AN ISA EXIST? ☐ YES ☐ NO
10. NAME/TITLE	13. NAME/TITLE
11. EMAIL ADDRESS	14. EMAIL ADDRESS
12. PHONE NUMBER	15. PHONE NUMBER

SECTION 2. TRANSMISSION INFORMATION

Please note that your Agency's ISA will require updates if this form is completed.

16. TRANSMISSION METHOD (select one) Note: A new form must be submitted for each file being transmitted, if any attributes differ from other files being transmitted. PGP Encryption is required.	17. FREQUENCY OF TRANSMISSION (e.g., Once per day, Once per week, Bi-Weekly, Monthly, etc., Other)	
NFC CREATED FILE / CLIENT CREATED FILE		
☐ NFC PUSH TO CLIENT ☐ NFC PULL FROM CLIENT ☐ CLIENT PULL FROM NFC ☐ CLIENT PUSH TO NFC	18. TIME OF TRANSMISSION AM PM	19. TIME ZONE

SECTION 3. FOCUS INFORMATION

LIBRARY	JOB NAME	SERVER DIRECTORY/FILE NAME

SPECIAL INSTRUCTIONS

SECTION 4: FILE INFORMATION

NFC MAINFRAME FILE NAME	SYSTEM NAME (e.g., CAIS, BEAR, PAYTA, webTA, PHIS, FESI, etc.)	SERVER DIRECTORY/FILE NAME