

# REQUEST FOR eIT PMO USER ACCOUNT

**PURPOSE:** To request a user account for any eIT PMO Product.

**DISCLOSURE:** Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.

DoD REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION

ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.mbx.eit-pmo-help-desk@health.mil

## SECTION A - GENERAL INFORMATION (To be completed by the Requestor)

### 1. TYPE OF ACCOUNT REQUESTED:

(i.e. "EDMS, LIMS, EDC, eCTD, etc.")

### 2. USER INFORMATION:

2a. Rank/Title: 2b. Full Name (First MI Last):

2c. Status: Military Civilian Student Contractor Foreign National Other:

2d. Street Address: 2e. Zipcode:

2f. Organization: 2g. Company:

2h. Office Symbol: 2i. Bldg No/Room No: 2j. Phone:

3. EFFECTIVE DATE OF REQUEST: (YYYYMMDD) 4. PRIMARY WORK EMAIL (i.e. "@health.mil"):

### 5. REQUESTOR SIGNATURE BLOCK

5a. Requestor Digital Signature:

5b. Date Signed: (YYYYMMDD)

## SECTION B – ACCESS APPROVALS (To be filled out by the POC/KM)

### 1. EDMS USERS ONLY

1a. Links/Paths to EDMS Folder Requiring Permissions:

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1b. Permissions Needed:

Guest (read) User (read/write) User Delete (read/write/delete)

### 2. KM / POC SIGNATURE

## Section C - AUTHENTICATION (To be completed by the eIT PMO Product Support Team)

1.System: 2. Privileges: 3. Date Signed (YYYYMMDD): 4. CSA Signature:

## SECTION D - APPROVAL (To be completed by USAMRDC HQ IASO)

1. IASO Printed Name: 2. IASO Signature: 3. Date Signed (YYYYMMDD)