

Request for Access to NRAO Resources for Retirees



1. Applicant name: _____
2. Citizenship: _____
3. Current affiliation (title, organization, and address):

4. NRAO Sponsor's Name: _____ Empl. ID#: _____
5. Applicant Email and Phone #: _____ / _____
6. New Approval: ☐ or Renewal: ☐
7. Status:
 - a. ☐ Retiree Emeritus (Former NRAO Empl. ID#: _____)
 - b. ☐ Retiree Associate
8. DPS screening passed? (Sponsor responsible for verification.): ☐ Yes or ☐ No
 - a. Date of Screening (mm/dd/yyyy): _____
9. Effective Period (2 years or less) mm/dd/yyyy: From: _____ To: _____
10. NRAO Collaboration staff member (if different from 4): _____
11. Group with which person will be affiliated: _____
12. Statement of anticipated benefit to NRAO:

13. Primary work site: _____
14. Select an Access Sensitivity Rating. Reference our Data Security Policy for further info.
Note: Any access level over level 3 will require NRAO director and HR approval.
 - a. ☐ None, Level 5 (general public information only)
 - b. ☐ Level 4 (**partner** e.g. partner grant proposals, some internal web content)
 - c. ☐ Level 3 (**internal** e.g. "intranet" access, NRAO staff-web, email address)
15. Privileges: ☐ Badge ID ☐ NRAO AD Account ☐ Journal Access ☐ Computer
16. **AD Level Approval:** _____
17. **HR Approval:** _____

If not using DocuSign, please email the completed PDF to the local computing group.