

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: _____ RAO# _____
5. Applicant Email and Phone#: _____ / _____
6. New approval: _____ or Renewal: _____
7. Status:
 - a. ☐ Retiree Associate (Former NRAO ID#: _____)
 - b. ☐ Retiree Emeritus
 - c. ☐ DPS passed (Sponsor responsible for verification.)
8. Effective period (2 years or less) mm/dd/yyyy: From: _____ To: _____
9. NRAO Collaboration staff member (if different from 4): _____
10. Group with which person will be affiliated: _____
11. Statement of anticipated benefit to NRAO:

12. Primary work location: _____
13. Access Sensitivity Rating (staff.nrao.edu/wiki/bin/view/Ccs/DataSecurityPolicy):
 - a. ☐ Level 1 (**secure** e.g. Financial transactions, personal medical data)
 - b. ☐ Level 2 (**confidential** e.g. proprietary observations, pay information)
 - c. ☐ Level 3 (**internal** includes NRAO staff-web, E-mail address and key)
 - d. ☐ Level 4 (**partner** e.g. grant proposals with other institutions)
 - e. ☐ None, Level 5 (general public information only)
14. Privileges: ☐ Door key ☐ NRAO Account ☐ Journal access ☐ Computer
15. AD level approval: _____
16. HR Approval: _____

Please e-mail the completed PDF to the local Computing group if not using DocuSign.