DEPARTMENT OF EDUCATION

FEDERAL STUDENT AID (FSA)

User ID Request Form (FPDM)

This Document Contains Privacy Act Information

A. USER INFORMATION	_____ED employee	_____Contractor (List Company Name) _____

Name: _____ _____ New User
Last Four Digits of SSN: _____ _____ Delete User
Current User ID (if any) _____ _____ Change/ Expand Access
Phone: _____ _____ Renew Access
E-mail Address: _____
FSA System Name: _____

System Security Officer or Alternate to be notified when access is completed. (FSA SSO):

Name__Calvin Whitaker _____Email address_Calvin.Whitaker@ed.gov_____Telephone____202-377-3045_____

Alternate (SSO): Name: _Barbara Cobbs_____Email Address: __Barbara.Cobbs@ed.gov_____Telelphone__202-377-3555_____

B. Access for Role Selection Required	**Must Include Exact Information from Matrix To Match Headings or cut and paste directly from the matrix**

☐ Power User ☐ Web User ☐ GA Report User ☐ Lender

C. Type of Servicer Access Required	**Must Include Exact Information from Matrix To Match Headings or cut and paste directly from the matrix**

☐ GA ID ☐ Lender ID ☐ Servicer ID

System Security Access Controls require a clearance at one of the listed risk kevels to be met. The applicant has submitted all the requested forms to FSA Personnel Security for clearance at this level.

Check One (**Required**)

_____Low Risk, 1C (SF-85, OF-306, Fingerprints)
_____ Moderate Risk, 5C (SF-85P, OF-306, Credit Release, Fingerprints)
_____High Risk, 6C (SF-85P, OF-306, Credit Release, 85P-S, Fingerprints)

1. Applicant: _____ _____ Date_____
Print Name *Signature*
2. Applicant Supervisor: _____ _____Date_____
Print Name *Signature*
3. SSO, or, SM, FSA Project Mgr, COTR: __Calvin Whitaker __ _____ Date_____
Print Name *Signature*

C. FSA Personnel Security Office Use Only

Approval: _Darryl Estep_____ _____ Date: _____
Print Name *Signature*
Current Security Status: ☐ Waived ☐ In Progress ☐ Level_____
Date Security Packet Forwarded to FSA HR: _____

Revised 04/01/2011