# **REQUEST FOR REMOVABLE MEDIA /**

# **DEVICE ALLOWANCE**

# **AND EXTERNAL SYSTEM USE**

**School of Modeling, Simulation, & Training**

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Orlando, FL 32826

**M E M O R A N D U M**

*Instructions in BLUE BRACKETS. Remove prior to submission.*

DATE: [DATE]

SUBJECT: [Lab/Dept Name], Use of removable media/device on a controlled system

It is understood that highly restricted data, which includes Controlled Unclassified Information, requires the highest level of access control and security restrictions. The ability to store and produce removable media with highly restricted data is by rare exception. All authorizations must be renewed bi-annually.

**AUTHORIZATION TO BURN/WRITE DATA FROM A CONTROLLED SYSTEM TO CD/DVD**

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| **CD/DVD MEDIA PRODUCED MAY ONLY BE USED IN IST-SMST CONTROLLED SYSTEMS**  Technical controls will enforce encryption that requires the personal key of the user/producer. The stated user must therefore be logged into the IST-SMST domain. | |
| **Purpose:** [Describe the requirement. List the user and system to be authorized. If different devices are used for different reasons, copy/paste this table per purpose.] | |
| **USER** | **SYSTEM PRODUCING MEDIA** |
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| **CD/DVD MEDIA PRODUCED MAY BE USED IN AN EXTERNAL SYSTEM**  Technical controls will allow encryption with password. User therefore has means to encrypt data and decrypt on an external, non-controlled device (e.g., sponsor location, IST-SMST desktop in low vs. moderate/controlled baseline). | |
| **Purpose:** [Describe the requirement. List the user and system to be authorized. If different devices are used for different reasons, copy/paste this table per purpose.]  **External System/Recipients:** [What external system will the media be used and/or who will the media be provided to.] | |
| **USER** | **SYSTEM PRODUCING MEDIA** |
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**AUTHORIZATION TO USE A USB DEVICE**

*Note: The IST-SMST Help Desk can assist users in locating the Device Serial Number.*

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| **USB DEVICE MAY ONLY BE USED IN IST-SMST CONTROLLED SYSTEMS**  Technical controls will enforce encryption that requires the personal key of the user/producer. The stated user must therefore be logged into the IST-SMST domain. | | |
| **Purpose:** [Describe purpose for using the USB devices below. If different devices are used for different reasons, copy/paste this table per purpose. If more than one user has access to a device for the same purpose stated, across the same systems, separate the users by a comma in the user(s) field, per device row.] | | |
| **SYSTEMS AUTHORIZED FOR USB DEVICE(S) LISTED BELOW** | | |
| [List the System Name(s) the USB Device(s) below may be used on. An explicit allowance is required per user, system, device. The Help Desk can assist with locating the device serial number if needed.] | | |
| **USER(S)** | **DEVICE SERIAL #** | **DEVICE NAME** |
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| **USB DEVICE MAY BE USED IN AN EXTERNAL SYSTEM**  Technical controls will allow encryption with password. User therefore has means to encrypt data and decrypt on an external, non-controlled device (e.g., sponsor location, IST-SMST desktop in low vs. moderate/controlled baseline). | | |
| **Purpose:** [Describe purpose for using the USB devices. If different devices are used for different reasons, copy/paste this table per purpose. If more than one user has access to a device for the same purpose stated, across the same systems, separate the users by a comma in the user(s) field, per device row.]  **External System/Recipients:** [What external system will the media be used and/or who will the media be provided to.] | | |
| **SYSTEMS AUTHORIZED FOR USB DEVICES LISTED BELOW** | | |
| [List the System Name(s) the USB Device(s) below may be used on. An explicit allowance is required per user, system, device. The Help Desk can assist with locating the device serial number if needed.] | | |
| **USER(S)** | **DEVICE SERIAL #** | **DEVICE NAME** |
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| **User Acceptance** | | |
| I have read the IST-SMST policy “Use of removable storage devices and media” and am aware and knowledgeable of the standards for encryption, media markings, physical transport and security procedures for the systems, devices, and removable media I may produce. If at any time a device under my control is lost or misplaced, I will immediately report it to IT Compliance. | | |
| **User** | **Name and Signature** | **Read Policy, Accept Responsibility** |
| **User:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Accept O Don’t Accept |
| **User:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Accept O Don’t Accept |
| **User:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Accept O Don’t Accept |
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| **User:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Accept O Don’t Accept |
| **User:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Accept O Don’t Accept |

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| **Authorization** | | |
| Approval reflects authorization for every request contained within this form. If any portion is not fully approved, disapprove and indicate reason in the notes below. The comments will be shared with the requestor to allow a new form with only the approved section(s), devices, or users to be resubmitted. | | |
| **Role** | **Name and Signature** | **Decision** |
| **Supervisor, Dept Head, or PI:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Approve O Disapprove |
| ***Notes:*** | | |
| **IT Compliance\*:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Approve O Disapprove |
| ***Notes:*** | | |
| **Director or Designee:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature | O Approve O Disapprove |
| ***Notes:*** | | |

\*IT Compliance must verify required training has been completed, prior to final authorization.