

# SecurID Control Form for External Users of Federal Reserve Board (FRB) Systems, including secure Websites

<b>Section A: Request for a New SecurID</b> To be completed by your organization's <b>FRB Site Administrator</b> or by the <b>User</b> if there is no FRB-designated Administrator.		<b>(FRB Use Only)</b>	
<input type="checkbox"/> <b>New Request</b> (Required only for a new request)		New SecurID/NT login ID:	
<b>Date of Request :</b>		SecurID Access Serial Number:	
<b>Name of FRB System/Website for which access is requested:</b>			
<b>Section B: Request for a Replacement SecurID</b> To be completed by your organization's <b>FRB Site Administrator</b> or by the <b>User</b> if there is no FRB-designated Administrator		Replacement SecurID Access Serial Number:	
<input type="checkbox"/> <b>Replacement Request</b> (Required only for a replacement request)		SecurID Access Serial Number:	
<b>Date of Request :</b>			
<b>Section C: Request for the Deactivation of a SecurID</b> To be completed by your organization's <b>FRB Site Administrator</b> or by the <b>User</b> if there is no FRB-designated Administrator.			
<input type="checkbox"/> <b>Deactivation</b> (Required only for deactivation request)	Date of Deactivation:		SecurID/NT login ID:
<b>Section D: User Information</b> To be completed by the <b>User</b>			
Last Name:	First Name:		M.I.:
Name of Organization:	Organization's Address (City/State/Country/Zip Code)		
User's Work Email Address:		User's Telephone No.:	
<b>Section E: Administrator Information</b> To be completed by your organization's <b>Administrator</b> if your organization has an FRB-designated Administrator.			
Last Name:	First Name:		
Name of Organization:	Department:	Mail Stop / Room Number / Suite:	
Organization's Address :			
City:	State:	Country:	Zip Code:
Administrator's Work Email Address :		Administrator's Office Telephone No.:	

**Note:** Failure to complete all required sections may result in a significant processing delay.

**Note:** If the Organization has an FRB-designated Administrator, SecurIDs will be mailed to the Administrator.

**Section F: Authorization**

To be completed by the User's **Senior Officer/Director/Authorized Designee** (Required for new or replacement requests). NOTE: The Senior Officer/Director/Authorized Designee must be a senior level official of the organization and at least two supervisory levels above the User.

I request approval for the above-named employee to be issued a SecurID to access FRB systems. I have determined that the above-named employee meets the conditions for access described in the Access Agreement between my organization and the FRB. I, or my organization FRB-designated Administrator, will notify the designated FRB contact as soon as the above-named employee leaves my area of responsibility, or no longer requires a SecureID to access FRB systems to perform his or her work.



Senior Official

Signature

Date

Print Name

**Section G: SecurID User Agreement**

To be completed by the **User** (Required for new or replacement requests)

As a condition for access, Users must by all FRB requirements that apply to the SecurID and to the FRB system or website that is being accessed. These requirements include, but are not limited to, agreeing that he/she:

1. Will not either directly or indirectly (such as by providing an electronic gateway), use his/her SecurID to allow others to access the Board's computers, networks, or databases.
2. Will not allow anyone to use his/her SecurID for any reason.
3. Will not leave his/her SecurID unattended in an unsecured location and will assume personal responsibility for the safekeeping of his/her SecurID.
4. Will establish and protect the secrecy of his/her PIN number (which is required to operate the SecurID) and will not share his/her PIN number with anyone.
5. Will immediately return the SecurID to the FRB or to his/her organization's FRB-designated Administrator when access is no longer required, employment is terminated, or upon request by the FRB.
6. Will take all necessary precautions to minimize the risk of virus infection to the Board's systems.
7. Will connect to the Board's computers, networks, or databases using a device owned by the employee's employer.
8. Will not attempt to circumvent any FRB authentication and authorization processes and procedures.
9. Will not leave his/her computer unattended and active in a manner that is vulnerable to unauthorized access to the FRB's systems.
10. Will immediately contact the FRB or his/her organization's FRB-designated Administrator if any of the following events occur:
  - his/her SecurID is lost, stolen, damaged, or broken;
  - his/her employment status changes;
  - he/she is unable to recall the PIN number or other access code; or
  - he/she suspects or knows unauthorized use of his/her SecurID is occurring or has occurred.

I have read this SecurID User Agreement. I understand that by accepting a SecurID to access the FRB's systems, I am agreeing to abide by the FRB's requirements, including the requirements described above. I understand that unauthorized access to the FRB's systems is a federal crime under 18 U.S.C. 1030. I also understand that violating any of the FRB requirements for access may result in revocation of my SecurID and my FRB access privileges and may also result in legal prosecution.



User

Signature:

Date:

Print Name:

**Section H: FRB Approval (For FRB Use only)**

To be completed by Board staff authorized to grant access to the requested FRB System/Website.

I approve the above-named User request for a SecurID for access to \_\_\_\_\_ (Name of System(s)).

Board Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Print Name*