

FINANCIAL DISCLOSURE MANAGEMENT SYSTEM USER ACCOUNT REQUEST

U.S. Department of State

Requested By			Bus	Business Email		
Requested For with OpenNet Access			Bus	Business Email		
Requested For without OpenNet Access			Bus	Business Email		
SECTION 1: USER DATA						
Filer Name	Filer Bureau or Post Bu		Building	/Annex	Room Number	
User Type OGE 450 OGE 278e POC/Admin						
Report(s) to be Assigned New Entrant Annual Termination						
SECTION 2: ASSISTANT (Individual completing the report on behalf of filer)						
Assistant's Name	Email Address	incij		Phone Number		
SECTION 3: INITIAL REVIEWER						
Initial Reviewer's Name		Email Address				
SECTION 4: REQUESTER CERTIFICATION						
I certify that I am the individual submitting this document and that the user named in Section 1 has a valid need to access FDM. All representations made on this form are true to the best of my knowledge.						
Signature				Date		
PRIVACY ACT STATEMENT						
AUTHORITIES: The information is sought pursuant to 44 U.S.C. 3541 et. seq. (Federal Information Security Management Act of 2002), 5 U.S.C. 301 (Management of the Department of State); 22 U.S.C. 2581 (General Authority of Secretary of State); 22 U.S.C. 2651a (Organization of the Department of State)						
PURPOSE: The information solicited on this form will be used to authorize access to the Department of State's networks and information systems.						
ROUTINE USES: The information on this form may be shared with federal, state, or local agencies for law enforcement, counter-terrorism, and homeland security purposes; with Congress and courts within their sphere of jurisdiction; and with other federal agencies for certain personnel and records management matters.						
DISCLOSURE: Providing the information is voluntary, but failure to provide the information requested on this form may result in the delay of system logon authorization or it may be impossible for the systems staff to enter the logon credentials or user data.						

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