**Department of Veterans Affairs**

**Memorandum**

Date: <date signed>

From: <Requestor’s Title>

Subj: Authorization to transport sensitive information outside protected environments

To: Facility Information Security Officer (00-ISO)

Thru: <Requestor’s Service/Department Chief>

Thru: Facility Chief Information Officer (IRM)

Thru: Medical Center Director (00)

1. In order to accomplish my duties, I require the capability to store, transport and utilize VA sensitive information outside protected environments, as defined by VA Handbook 6500. VA information refers to all information, either electronic or paper-based. My personal information follows:

<Requestor’s Full Name>

<Title>

<Home Address>

<City, State, Zip>

<Home Phone number>

<VA Cell Phone number (if applicable)>

1. Justification for the access and use of VA sensitive information outside of protected environments (include where and how information will be used):
2. The sensitive information, as defined in VA Handbook 6500, I intend to access, store, transport and utilize includes (check all that apply):

Individually identifiable medical, benefits or personnel information

Information that can be withheld under the Freedom of Information Act

Financial information

Research information

Investigatory information

Commercial information

Quality assurance information

Law enforcement information

Information that is confidential or privileged in litigation

Information that could adversely affect the national interest or conduct of

federal programs

1. The timeframe I will access, store, transport and utilize VA sensitive information outside protected environments is:

30 days

180 days

One Year

1. I acknowledge that the above statements are accurate and are in compliance with VA Handbook 6500, Information Security Program.
2. I acknowledge this document requires renewal upon expiration of the approval timeframe requested above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

<requestor signature> <service chief signature>

**Required Concurrence and Approval**

Concur / Do Not Concur

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Autry Curry/DeShawn Fox/Curtis Allen Date

Information Security Officer

Concur / Do Not Concur

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

William Brock Date

Facility Chief Information Officer

Approved / Disapprove

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Leslie Wiggins Date

Director, Atlanta VAMC