



DIA AGILE ACCOUNT REQUEST FORM

STUDENT INFORMATION											
Last Name:				First Name:			Middle Initial:				
Position Title:											
Directorate:				Office:							
Work Phone:											
Government		Contractor		Air Force		Army		Navy		Marine Corps	
AFRICOM	CENTCOM	CYBERCOM	EUCOM	NORTHCOM	PACOM	SOCOM	SOUTHCOM	STRATCOM	TRANSCOM		
AGILE Training Session:					Completion Date:						

ACCESS ENVIRONMENT		
JWICS	User ID:	E-mail:
SIPRNET	User ID:	E-mail:
NIPRNET	User ID:	E-mail:

ADMINISTRATOR ROLE REQUESTED					
Registrar	Satellite Registrar	Program Manager	Course Manager	Funds Manager	Training Focal Point

APPROVAL ROLE REQUESTED				
DIA Registrar	Funds Certifier	Training Focal Point	Purchase Order Buyer	Foreign Language

REQUEST TYPE OR REASON		
New Access	Change Access	Terminate Access

RESPONSIBLE DIRECTORATE (LIST THE OFFICE(S) YOU ARE REQUESTING ACCESS FOR)

JUSTIFICATION

Learning Management Coordinator _____ Date _____

I have verified the user identified on this form has completed all required AGILE Administrator training, and that he/she is authorized access to the **AGILE Administrator** and **Approval** roles indicated.

Authorized User _____ Date _____

I am requesting access to the AGILE Learning Management System for the **Administrator** and **Approval** roles indicated.