



AGILE ADMINISTRATOR ACCOUNT REQUEST FORM

STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Office:	Work Phone:	
AGILE Training Date:	JWICS Email:	
<u>COMBATANT COMMAND (CCMD) - IF APPLICABLE</u>		
<input type="checkbox"/> AFRICOM <input type="checkbox"/> CENTCOM <input type="checkbox"/> CYBERCOM <input type="checkbox"/> EUCOM <input type="checkbox"/> NORTHCOM <input type="checkbox"/> PACOM <input type="checkbox"/> SOCOM <input type="checkbox"/> SOUTHCOM <input type="checkbox"/> STRATCOM <input type="checkbox"/> TRANSCOM		
ACCESS ENVIRONMENT(S)		
<input type="checkbox"/> JWICS	<input type="checkbox"/> SIPRNET	<input type="checkbox"/> NIPRNET
DIA ADMINISTRATOR ROLE(S) REQUESTED	Request Type	
<input type="checkbox"/> Analytics (<i>Reports</i>) <input type="checkbox"/> Course Manager (<i>Instructors</i>) <input type="checkbox"/> Program Manager <input type="checkbox"/> Satellite Registrar <input type="checkbox"/> Funds Manager > Funds Certifier (<i>SF-182</i>)** <input type="checkbox"/> Funds Manager > PO-Buyer (<i>SF-182</i>)** <input type="checkbox"/> Training Focal Point (<i>SF-182</i>)** <input type="checkbox"/> Functional Manager (<i>FMLT</i>) <input type="checkbox"/> Registrar (<i>ADI ONLY</i>) <input type="checkbox"/> SysAdmin (<i>ADI ONLY</i>) ** <i>Additional Approval Role Assigned</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Terminate	
	Responsible Directorate	
	Justification	

Authorized User

Date

I am requesting access to AGILE for the **Administrator** and/or **Approval** roles indicated.

User's Supervisor

Date

I am authorizing access to AGILE for the **Administrator** and/or **Approval** roles indicated.

Learning Management Office (*ADI ONLY*) **Date**

I have verified this form is complete, all required training has been completed, and the requestor is authorized for an **AGILE Administrator** and/or **Approval** roles indicated.

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