ADVANCED GLOBAL INTELLIGENCE LEARNING ENVIRONMENT

AGILE IC ACCOUNT REQUEST FORM

USER INFORMATION

Last Name:	First Name:	Middle Initial:
Position Title:		
Agency:	Office:	
Work Phone:		
Government ○ Contractor ○ Air Force ○ Army ○ Navy ○ Marine Corps ○ Active ○ Reserve ○		
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:

***Your organization must be on-boarded with AGILE and have an established Domain.**

ADMINISTRATOR ROLE REQUESTED

SYSADMIN (Domain Admin) ☐ CONTENTDEV ☐ INSTRUCTOR ☐ RPTADMIN ☐ TRNGCOORD ☐ COURSEMANAGER ☐
OTHER:

REQUEST TYPE OR REASON

New Access ○ Change Access ○ Terminate Access ○

RESPONSIBLE DOMAIN (LIST THE DOMAIN(S) YOU ARE REQUESTING ACCESS FOR)

JUSTIFICATION

Domain Owner/Administrator Date

By signing above, I verify the authorized user identified on this form has completed all required AGILE Administrator training, and that he/she is authorized access to the AGILE Administrator **Role** and **Domain** indicated.

Authorized User Date

By signing above, I verify that I have completed all required AGILE Administrator training, and that my Domain Owner/Administrator has approved my access to the AGILE Administrator **Role** and **Domain** indicated.

SUBMIT FORMS TO AGILE SUPPORT