NIH Clinical Center USB Storage Request Form

The purpose of this form is to request an approved encrypted USB storage device. **Please email the completed form to DCRI Store Sales (CC-DCRIStoreSales@mail.nih.gov).**

USER INFORMATION

Name: Position Title:

Bldg./Room #: Department/Branch or Section:

Office Phone Number: CAN:

User Role in Department:

Storage Size Requested:

16GB - $105.00 ea. 32GB - $160.00 ea. 64GB - $221.00 ea.

Other – Special Order – Specify Size ea.

JUSTIFICATION

Check all that apply and include the justification:

This is for a Medical Device	I work in a System Administrator / Desktop Support role
I Need to routinely move data for use of non- standard applications	I work in a Technical or Developer role

Please provide a detailed justification for your need of a USB storage device:

SIGNATURES

By signing, user agrees to not change the master password. User is also responsible for reporting a device lost or stolen to DCRI.

User Signature Date

Supervisor Date

Administrative Officer, Department Chief or Funds Approving Official Date