



PORTABLE ELECTRONIC DEVICE WAIVER



(U) **MEMORANDUM FOR:** Access Control Official at ODNI Facilities

(U) **SUBJECT:** Approval to introduce, operate, or transport government and non-government owned portable computing device on the grounds of or in the buildings designated as an ODNI Facility.

(U//FOUO) **REQUESTOR:** (Individual who intends on bringing-in, using, and/or operating the device within the facility.)

NAME (Last, First MI.)	SSN	CLEARANCE LEVEL	ORGANIZATION/COMPANY

(U//FOUO) This table contains Privacy Act Information – restrictions apply.

(U//FOUO) Approval is requested to introduce the below identified portable computing device (Laptop computer, notebook computer, Wi-Fi device, handheld device, etc.) to the _____ facility for the purpose of:
(Insert ODNI Facility Name)

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(U) Provide a justification within the above table upon which to evaluate the waiver request.

(U//FOUO) The following device(s) is/are requested to be brought into the facility on date(s):

DEVICE TYPE	MAKE/MODEL	SERIAL NUMBER	CLASSIFICATION	GOV'T EQUIPMENT (Yes/No)

(U//FOUO)

(U//FOUO) Device Security Requirements:

- Requestor must demonstrate that all audio and wireless capabilities (Wi-Fi, Bluetooth, IR ports, etc.) are disabled.
- Devices with photographic or video capability must have the lens disabled/covered with opaque tape.
- Devices may NOT connect to any government information technology/computer network, system or service.
- Removable media must be appropriately labeled and remain in the facility (CD/DVD, Floppy, and flash-drives).
- Ensure the proper use/operation and protect any government information which may be on the device(s).
- Any change in use, operation, or configuration of the above listed device(s) must receive prior security approval.
- I, the user, understand that it is my responsibility to protect any government information which may be on this portable computing device.
- I, the user, understand any changes in the use, operation, or configuration of the above listed device must be coordinated with, and approved by Security.

I, the Government sponsor understand that I am responsible for any visitor that I sponsored and that I am responsible for the proper use and operation of the above listed device while within ODNI facilities.

REQUESTOR/USER <i>(PRINTED NAME/SIGNATURE/DATE)</i>	GOVERNMENT SPONSOR <i>(PRINTED NAME/SIGNATURE/DATE)</i>	SECURITY OFFICIAL <i>(PRINTED NAME/SIGNATURE/DATE)</i>

