



### Assessment by the Director of CNS

I have reviewed the information provided and in my judgment:

- A privileged access is required in the performance of the listed duties and the authorized CNS Staff member can exercise the privileged access rights without prior approval or access supervision if the situation calls for that.
- A privileged access is NOT justified and the request is rejected.
- A privileged access is required but will be only executed according to the explicitly specified prior approvals and access supervision instructions.

Comments:

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Signature (Director of CNS) \_\_\_\_\_ Date \_\_\_\_\_

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### Assessment by the System/Data Prime Custodian

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Request and Recommendations Approved       Do NOT Approve Request

Comments: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledge Receipt of the Recommendations

I \_\_\_\_\_ acknowledge receipt of and accept responsibility for complying with the aforementioned recommendations and decisions in the event of exercising my privileged access rights to perform my assigned duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_