



INSTRUCTIONS FOR DD FORM 2875

PLEASE FORWARD REQUESTS TO dodhra.dodc-mb.dmdc.mbx.mris-helpdesk@mail.mil

PART I

TYPE OF REQUEST: Select the appropriate item

DATE: Enter the current date

SYSTEM NAME: Military Recruiter Information Suite (MRIS)

LOCATION: DMDC, Seaside, CA

Field - 1. NAME: Please enter your legal name. (Please, no nicknames or shortened version)

Field - 2. ORGANIZATION: Please enter your Agency name. (Please, no acronyms; spell out completely.)

Field - 3. OFFICE SYMBOL/DEPARTMENT: Please enter your department, division or other office name.

Field - 4. PHONE: Please enter your business telephone number. If you have an extension, please also be sure to provide it. A DSN is also acceptable.

Field - 5. OFFICIAL E-MAIL ADDRESS: Please enter your official Agency e-mail address.

Field - 6. JOB TITLE AND GRADE/RANK: Please enter the required information.

Field - 7. OFFICIAL MAILING ADDRESS: Please enter your Agency official address.

Field - 8. CITIZENSHIP: Please enter the country or countries in which you are a current citizen.

Field - 9. DESIGNATION OF PERSON: Please check the appropriate selection that best identifies your relationship with the Department of Defense. If you are under contract with the Department of Defense, please select "Contractor." If you are active military, please select "Military"; otherwise, select "Civilian."

Field - 10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS: Please check the box and enter the date when the Annual Cyber Awareness Training was completed.

Field - 11. USER SIGNATURE: Please sign the form

Field - 12. DATE: Please enter the date you signed the form.



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PART II

Field 13. JUSTIFICATION FOR ACCESS: Please enter your official reason for needing access to the Military Recruiter Information Suite (MRIS).

Field 14 – TYPE OF ACCESS REQUESTED: Please select for the type of access requested.

Field 15 – USER REQUIRES ACCESS TO: Please check the appropriate box.

Field 16 – VERIFICATION OF NEED TO KNOW: This will be verified by your supervisor.

Field 16a –ACCESS EXPIRATION DATE: If the individual requesting access to the system is a contractor, please provide the requested information – Contract Number, Company name, Expiration Date.

Field 17. SUPERVISOR'S NAME: Requires supervisor 's full name

Field 17a. SUPERVISOR'S E-MAIL ADDRESS: Requires supervisor's official e-mail address.

Field – 17b. PHONE NUMBER: Requires supervisor's official phone number.

Field – 17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT: Requires supervisor's Organization/Department.

Field – 17d. SUPERVISOR'S SIGNATURE: Requires supervisor's signature.

Field – 17e. DATE: Requires supervisor to enter current date.

Field - 20. NAME: Please enter your legal name. (Please, no nicknames or shortened version.)

Field - 21. OPTIONAL INFORMATION: If the subfields are not completed, the Site Security Manager (SSM) will have to call for verification.

- **Required** --- The Sub-System which you are requesting access to.
- **Required** --- The DoD ID Number in this block is required.

PART III

SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

Requires the Security Manager to complete blocks 22 through 26.