

# Key Recovery Request and Acknowledgement of Agreement Template

[REQUESTING ORGANIZATION'S LETTERHEAD]

[DATE]

ATTN: [Participant CA] RECOVERY REQUESTS  
[Participant CA]  
[Address]

SUBJECT:KEY RECOVERY REQUEST AND ACKNOWLEDGEMENT OF AGREEMENT

TO WHOM IT MAY CONCERN:

I, <Requestor's Name>, hereby state that I have legitimate and official need to recover this key in order to obtain (recover) the encrypted data that I have authorization to access. I acknowledge receipt of a recovered encryption key associated with the subscriber identified here. I certify that I have accurately identified myself to [the KRO], and truthfully described all reasons that I require access to data protected by the recovered key. I acknowledge my responsibility to use this recovered key only for the stated purposes, to protect it from further exposure, and to destroy all key materials or return them to [the KRO] when no longer needed. I understand that I am bound by subscriber's [Affiliated Organization] policies, applicable laws and Federal regulations concerning the protection of the recovered key and any data recovered using the key.

## REQUESTOR'S IDENTITY INFORMATION (Requestor's Use)

**First Name:** \_\_\_\_\_ **Middle Initials:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone (Ext):** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_

## REQUESTOR'S IDENTITY INFORMATION (Key Recovery Officer's Use)

NOTE: Process this section in person if Requestor cannot submit digitally signed request

(1) ONE FEDERALLY-issued photo ID:

_____	_____	_____	_____
Exact Name Listed on Photo ID	Identification Number	Expiration Date	Identification Type
_____	_____		
Date of Issuance	Issuing Authority		

(2) If photo ID (1) does not have a serial number, a STATE-issued photo ID with serial number is required:

_____	_____	_____	_____
Exact Name Listed on Photo ID	Identification Number	Expiration Date	Identification Type
_____	_____		
Date of Issuance	Issuing Authority		

**Requestor's Signature and Date:**

\_\_\_\_\_  
(Sign only in the presence of the Key Recovery Officer )

\_\_\_\_\_  
(Date)

## CERTIFICATE AND SUBSCRIBER'S INFORMATION (Requestor's Use)

**Subscriber Full Name:**

**NOTE:** Leave blank if Requestor is the Subscriber

\_\_\_\_\_

**Email:**

**NOTE:** Leave blank if Requestor is the Subscriber

**Affiliated Organization Name**

**NOTE:** Leave blank if Requestor is the Subscriber

**Certificate's Use Date and Serial Number**

**Reason for Key Recovery Request:**

- Private Key Lost, Damaged or Inaccessible
- Need to Decrypt Information
- Subscriber is unavailable (no longer working for or affiliated with Organization)
- Other: \_\_\_\_\_

**REQUEST APPROVAL INFORMATION (Key Recovery Officer's Use)**

Service Request is:

- Approved
- Rejected (Provide Reason): \_\_\_\_\_

Key Recovery Officer Performed Identity and Authority Verification

- Yes                       No

\_\_\_\_\_  
Key Recovery Officer's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Authorized Requestor for Key Recovery