SECURITY APPLICATION FORM

Security Request for _____ Type of Request _____

Agency Code _____ Agency Name _____ SHS # _____

1. User Name (First & Last) _____ Old Name _____

2. User Security Group _____

3. Is security limited to the above Agency? (if "Yes" skip to question 4.) _____

3A. If "No", please list **all** Agencies or all orgs authorized for this user. (**All** Agencies must be listed, even if this is a change to add a new Agency):

4. Did the above user transfer from another Agency? _____

4A. If "Yes" , provide Agency _____

5. Is the above user replacing an incumbent? _____

5A. If "Yes", provide name: _____

(This person will be removed from access to all systems.)

6. Does the above user have signature authority? _____

I understand that the User ID and password that will be assigned to me is not to be reassigned, transferred or loaned to another individual. I understand that, should I knowingly provide my ID to another individual, my security may be revoked.

_____ _____

User Signature Date

I have reviewed this application for security access, and certify that the above named user is authorized to receive the requested access for the completion of the responsibilities of his or her position.

_____ _____

Supervisor's signature Date

_____ _____

Agency Security Coordinator Date

_____ _____

Office of the State Controller Date

Administrative Use only:

OD_____ MFASIS_____ RACF_____ OSC version 3/7/2005

Please send completed form to Kim Hall at the Office of the State Controller, SHS 14.