

User Request Form

Request Type: New User Update User Record Deactivate User

Single Point of Contact (Name)	
Agency or IHE	
Phone Number	
Email	

NEW User Information

Employee First Name *	
Employee Last Name *	
Title	
Department/IHE *	
Email Address *	
Office Phone *	
Unique User Name *	
Access Level (check one) *	<input type="checkbox"/> Program Manager <input type="checkbox"/> Contract Writer <input type="checkbox"/> Contract Unit Director

UPDATE User Information

	Current	Change To
Employee First Name		
Employee Last Name		
Title		
Department/IHE		
Email Address		
Office Phone		
Unique User Name		
Access Level (insert PM, KW, or KD)		

DEACTIVATE User Information

Employee Full Name	
Deactivate Effective Date	

Date Submitted: _____

SPC Signature: _____