



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
ACCESS REQUEST

I. IDENTIFYING INFORMATION SECTION	
SOCIAL SECURITY NUMBER	USERID

NAME (LAST, FIRST, MI)			
CONTRACT WORKER	CONTRACTING AGENCY'S NAME		
DEPARTMENT	DIVISION		
COUNTY NAME	FIPS NUMBER	SECTION/UNIT	
WORK ADDRESS	CITY	STATE	ZIP CODE
WORK TELEPHONE NUMBER	JOB TITLE		

II. ACTION SECTION

ACTION REQUESTED	
EFFECTIVE DATE OF ACTION (MONTH/DAY/YEAR)	
CHANGE IDENTIFYING INFORMATION	
PREVIOUS	NEW

III. ACCESS SECTION

E-MAIL	DO YOU ALSO NEED AN INTERNET MAIL ID?
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COMMENTS:

IV. CONFIDENTIALITY/SIGNATURE SECTION

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates except in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use, and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that may include one or all of the following : (1) suspension, (2) civil court action and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

REQUESTOR (SIGNATURE)	DATE
SUPERVISOR/SECURITY COORDINATOR (SIGNATURE)	DATE
DIVISIONAL SECURITY OFFICER(S) (SIGNATURE)	DATE