



**Access Authorization Form
Records Management**

- New**
- Update**

Customer ID _____ **Customer Name** _____ **Department ID** _____

Add or Delete User Please Circle	Authorized Contact Name (First Name/MI/Last Name)	Phone Number	Email Address	*Password- up to 8 characters only. (Optional)	Authorized Destruction Please Circle
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No
Add Delete					Yes No

*Password security is optional. Passwords can be any alphanumeric combination up to 10 characters.

Authorized By _____ **Print Name** _____

(Authorized By- Please Print Name)

Phone Number _____

Please fax or email completed form to:

Fax (330) 753-5017

Email order@alliedinfotech.com