



imMTrax User Permissions Change Request Form



The *imMTrax* User Permissions Change Request Form may only be submitted by users seeking a change in available system functions/permissions in their existing *imMTrax* account. All changes are subject to approval. This form cannot be used to request to transfer an existing user's access to a new work location. If you need to transfer a user's access to a new work location, please submit an electronic *imMTrax* Access Request form (same form as for new users) to request access for that user under their new work location. Forms not completed in their entirety will not be processed. Users unsure of their current or desired *imMTrax* user access role should contact the Montana Immunization Program *imMTrax* staff prior to submission.

RETURN TO: Fax (406) 444-2920 or Email: hhsphiis@mt.gov

Last Name

First Name

Login ID (state-issued)

Email

Organization (example: St Peters Health)

Facility (example: St. Peters Health- Broadway Clinic)

School-Based *imMTrax* User? (School Nurse or other School Personnel)

Yes

Current *imMTrax* Role [imMTrax Role Descriptions](#)

- Read Only with Consent
- Record Maintenance
- Vaccine Management Entry

Desired *imMTrax* Role

- Read Only with Consent
- Record Maintenance
- Vaccine Management

Note: Requests for change in access to Jurisdiction Super User or *imMTrax* Merge Queue Functions must be made directly to the Montana Immunization Program and will not be processed by use of the *imMTrax* Role Change Request Form.

User Signature

Date

Supervisor Name

Date

Supervisor Signature

Question, comments, or concerns? Contact the Montana Immunization Program at (406) 444-5580.