

# imMTrax Role Change Request Form

The *imMTrax* Role Change Request Form may only be submitted by users seeking a change in available functions to their existing *imMTrax* account. All changes are subject to approval. Forms not completed in their entirety will not be processed. Users unsure of their current or desired *imMTrax* role should contact the Montana Immunization Program *imMTrax* staff prior to submission.

**RETURN TO: Fax (406) 444-2920**

Last Name

First Name

Login ID (state-issued)

Email

Organization (ex: St. Paul's Hospital System)

Site (ex: St. Paul's Hospital - Miller Street 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 Mgmt

**Desired *imMTrax* Role**

- Read Only with Consent     Record Maintenance     Vaccine Mgmt

*Note:* Requests for change in access to add *imMTrax* Merge Functions must be made directly to the Montana Immunization Program and will not be processed by use of the *imMTrax* Role Change Request Form. If you need to make a change to your VFC primary contact or VFC back-up contacts please contact Montana VFC program staff directly.

User Signature

Date

Supervisor Name

Supervisor Signature

Date

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