

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924
If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

ACCESS DELETE REQUEST

Name of Individual Requiring Deletion of Access: *(Please Print)* _____
First MI Last

Logon ID: _____ Phone: _____

Department: _____

Division/Bureau: _____

Address: _____ County: _____

Computer Needs: Will DPHHS position be vacant longer than three months? Yes No

Transferring to another DPHHS Division? If so, which Division/Bureau? _____

New Supervisors Name: _____

ACCESS TO BE DELETED: All - or - Specific Access to be removed:

Reason for termination of access:

DATE / TIME DELETE TO BE EFFECTIVE: _____

Signature of Employee: _____ Date: _____

Print Name of Supervisor: _____ Phone: _____

Signature of Supervisor: _____ Date: _____

Data Owner: _____ Date: _____

DPHHS Security Officer: _____ Date: _____