



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 *imMTrax* access to a new work location, please submit an [electronic imMTrax Access Request form](#) (same access form used to request *imMTrax* for access new users) to request *imMTrax* user access for your staff member linked to their new work location. *imMTrax User Permissions Change Request Forms* not completed in their entirety will not be processed. Users that are unsure of their current or desired *imMTrax* user access role should contact the Montana Immunization Program *imMTrax* staff prior to forms submission.

RETURN TO: Fax (406) 444-2920 or Email: hhsphsiis@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.

imMTrax User's Name

Date

imMTrax User's Name

Supervisor's Signature

Date

Supervisor's Name

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