



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Logon Authorization Request
for Non-OKDHS Employees**

Section A. Action requested

- Assign User Identification
- Re-activate User Identification
- Cancel User Identification
- Change User Information

User ID:	_____
Effective date:	_____
Expiration date:	_____
	Required

Section B. Requestor information

Last name		M.I.	First	Social Security number	
Job title	Phone		Organization name		
Office street address		City		State	Zip

Section C. Privileges requested

OKDHS network		Local area network (LAN)		
IMS <input type="checkbox"/> IMSTEST <input type="checkbox"/> E-MAIL <input type="checkbox"/> TSP system <input type="checkbox"/> List specifics.		System name	Server name	CO #

Section D. Requestor acknowledgment

I, the undersigned, understand that the information which this user identification enables me to access, is to be utilized only in the performance of my assigned duties as an employee of the above-named organization. I therefore agree to make no inquiry or updates which are not required for the performance of these duties. I am aware that there are numerous federal statutes and numerous statues of the State of Oklahoma making information confidential and that these statutes carry penalty provisions. Therefore, I will keep confidential any information made available to me. In addition, I agree not to divulge or share any terminal access information with anyone. I understand that my failure to comply with security procedures may result in termination of my access to information.

Requestor signature Date

