Delaware Health and Social Services							Transferring From:		Transferring To:	
	Division of Management Services Information Resource Management Biggs Data Center 1901 N. DuPont Highway New Castle, DE 19720 302-255- 9150 Fax 302-661-7213				Biggs Data Center User Authorization Form		Department: Division: Unit/Section: Employee Type:	State	Department: Division: Unit/Section X Non-State	
X User Add Last Name Title Requester's E-n Supv's Name (F] User Up	date		y Access Only First Name Location w/Rm # Phone # Fax #	Logon ID:		Effective Da	.te:
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EMPLOYEE ST directly related to Agreement), and	ATEMENT: I o my job respoi Number 10 (Ir	Certify that I will not nsibilities. I have read nternet). I have signed	and agree to and understa	adhere to the State nd the Biggs Data	Network Accep	table Use Policy, the I closure Agreement. A	e Department of Healt DHSS Policy Memorar	nda Number	03 (E-mail), Num tached.	ber 05 (Confidentiality
Employee Sig				Date:		ACFM Admin:				
Supervisor Si	gnature:			Date:		Implemented by:			Date	: