Security Access Request Form for DMIS/TROR

A. User Information: □ Federal Employee  □ Contractor

B. Access Required:
□ Grant  □ Revoke  □ Revise  Effective Date: ____________
□ Agency Reports  □ Preparer  □ Reports  □ Administrative
□ Developer  □ DMIS Staff  □ Database  □ Configuration Management

a) First Name  ________________________________
   Last Name  ________________________________
   Phone Number  ________________________________
   E-mail Address  ________________________________

b) Agency Name:  ________________________________

c) Agency Address:  __________________________________
   __________________________________
   __________________________________

C. Agency Authorization:
   a) Manager / Supervisor Name:  ________________________________
   b) Signature:  ________________________________
   c) Phone Number:  ________________________________
   d) Date:  ________________________________

BFS Official Use Only  Do Not Complete Beyond This Line  BFS Official Use Only

Action Completed By: ________________________________  Date: ____________
Access User Name:  ________________________________

Email completed form to: brenda.ellis-general@fiscal.treasury.gov

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 3105, 44 U.S.C. 3056, and the Treasury Department Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to BFS systems. All or part of this information may be furnished to Federal, State, Local and public agencies in the event a violation of the law is disclosed.

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