

SLX ID: ATALXA001RSC



THE WORK NUMBER WEB MANAGER ACCESS REQUEST FORM

REQUESTOR INFORMATION

County Agency Name	
Supervisor Contact Name	
Supervisor Contact Email	
Supervisor Contact Phone Number	

Supervisor Signature: _____

Date: _____

WEB MANAGER ACCESS BEING REQUESTED

User Last Name	User First Name	Email Address	Add / Remove

PERMISSABLE PURPOSE TO ADD or REASON TO REMOVE

COUNTY AGENCY SECURITY OFFICER APPROVAL (Required per Dear County Director Letter EFS-FNSEP-03-2016 dated February 3, 2016.)

SECURITY OFFICER NAME (**PRINT**): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Complete this form in its entirety. Scan form and email to:

VerifierSolutionsSupport@equifax.com

Email confirmation will be sent to individual(s) listed above once request has been processed.