

LexisNexis Screening Solutions® User ID Request Form


Section I GENERAL INFORMATION (All fields must be completed. Incomplete forms may be returned.)

- Add New User
 Delete User/Remove Access

Employee Name:			Employee Title:		
Department:			Organization:		
OA Agency Code:		Phone:	(xxx) 123-4567	Fax:	(xxx) 123-4567
City:		State:		ZIP:	

EMPLOYEE STATUS:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary/Contractor	<input type="checkbox"/> Other:	
Start Date:		End Date:	

Section II REQUESTED ACCESS

Please select one of the roles:

<input type="checkbox"/> National Office	<input type="checkbox"/> Regional Office	<input type="checkbox"/> Other: _____
<input type="checkbox"/> OA Agency	<input type="checkbox"/> Center	

Section III AUTHORIZATION

Requesting Manager's Name:		Requesting Manager's Signature:	
Date:		Phone:	
Point of Contact's Name:		Point of Contact's Signature:	
Date:		Phone:	

Section IV USER RESPONSIBILITIES

It is the responsibility of the Requestor to comply with the policies governing the access of informational data created, acquired, or controlled by LexisNexis. These responsibilities include:

- Keeping User IDs and Passwords confidential
- Informing POC of Termination or Job Function Changes
- Choosing unique passwords
- Changing passwords as needed to maintain security
- Reporting violations or attempted violations to the National Office, Division of Program Support and Accountability.
- Logging off Terminals at completion of each session
- Using information obtained for the sole purpose of assisting victims of the recent hurricanes

I am aware of and agree to comply with U.S. Department of Labor security procedures pertaining to the proprietary and confidential nature of information to which I may have access.

Signature: _____