

CNP Web/Common Logon Security Agreement
New User

District/Sponsor Name _____ CTD # _____

In signing this form, employees of the school food authority or Child and Adult Care Food Program sponsoring organizations are acknowledging their user responsibilities for using the CNP Web. This individual has read and understands the ADE Acceptable Use Policy. Any individual found not complying with this agreement and the acceptable use policy may have their account disabled by the Arizona Department of Education.

To be completed by the employee/user:

I, _____, have read the ADE Acceptable Use Policy, understand my responsibilities as a user of the CNP Web, and **will not share my user ID and password with any individual**. I also understand that ADE has the right to disable my account without notification. I certify that I am an employee of the above named organization and not under any contract.

Employee Signature

Date

Employee Title

Work E-Mail address

Work Phone Number

To be completed by the Governing Board Member that is listed on the Certification Page of the ADE Food Program Service Agreement Contract; or Designated Official/Authorized Representative that is listed on the last page of ADE Food Program Service Agreement Contract.

I, _____ certify, that _____ has been provided with the ADE Acceptable Use Policy; is an employee with this organization; and understands the responsibilities associated with using CNP Web. **I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.**

Authorized Representative Signature

Date

Please check all that apply:

- NSLP Sponsor CACFP Sponsor SFSP Seamless Sponsor FDCH Sponsor
- CNP Annual Financial Reports CNP Verification *CNP Direct Certification (Adhoc, Upload, & State Match)

***Access for CNP Direct Certification is limited. Please provide justification for your request:**

Please fax the completed form to: Health & Nutrition Services at (602) 542-1531
**** If you have any questions, please contact Health & Nutrition Services at (602) 542-8700 ****

For Use by ADE Representative Only

Approved By: _____
ADE Child Nutrition Programs Representative

Date: _____