Common Logon Permissions for CACFP/FDCH

Please scan & e-mail the completed form to Teresa.McCormack@azed.gov or
fax the completed form to (602) 542-1531 Attention: Teresa McCormack

Sponsor Name *(this is the name of your District, your Non-Profit, your Church, etc.)*

CTDS #

First Name *(of person having permissions added/deleted)*

Last Name

Username *(enter if you already have a username that you use to login. Example: JSmith1983)*

Work E-Mail Address

Title

Work Phone Number

Ext.

Permissions Section

☐ Check here to *request* **CENTER** permissions **OR** to ***keep*** them if you received them previously.

Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to *request* **DAY CARE HOME SPONSOR** permissions **OR** to ***keep*** them if you received them previously.

Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here if the user should be **DELETED**

Authorized Representative

Signature

Date

Work E-Mail Address

Work Phone Number

Ext.

As the above named **Authorized Representative**, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the **ADE Acceptable Use Policy**; has read the **Online Training Manual**; is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. **Finally, 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.**

ADE USE ONLY

Approved By:_____ Date:_____

ADE Child Nutrition Programs Representative

Revised 9/28/2012