



THIRD-PARTY ACCESS REQUEST FORM

Michigan Department of State
Email: CommercialServices@Michigan.gov

PLEASE PRINT OR TYPE INFORMATION REQUESTED

SECTION A: ACCESS REQUEST			
<input type="checkbox"/> ADD NEW USER			
<input type="checkbox"/> DELETE EXISTING USER			
<input type="checkbox"/> NAME CHANGE FOR CURRENT USER			
Previous Name:			
SECTION B: EMPLOYEE INFORMATION (EMPLOYEE COMPLETES ALL FIELDS IN THIS SECTION)			
NAME	(FIRST)	(MIDDLE INITIAL)	(LAST)
COMPANY NAME			
COMPANY ADDRESS	CITY	STATE	ZIP
WORK EMAIL ADDRESS	WORK TELEPHONE (AREA CODE AND NUMBER)		
SECTION C: EMPLOYEE SECURITY AGREEMENT (EMPLOYEE SIGNS AND FORWARDS TO SUPERVISOR AND/OR ACCOUNT MANAGER)			
USER AGREEMENT: I agree to protect my usercode and password from unauthorized use. I understand that work done under my usercode is recorded as being done by me. I understand that I control the use of my usercode through the protection of my password, which I keep secret and change on a frequent basis to prevent unauthorized use. Information obtained through the use of my usercode will be held in strict confidence. The Michigan Department of State has a policy covering the release of information and the disciplinary measures for violation of that policy. All operators should be aware that inappropriate release of information accessible through terminals is a violation of Federal law.			
EMPLOYEE SIGNATURE			DATE
SECTION D: APPROVAL (EMPLOYEE'S SUPERVISOR/ACCOUNT MANAGER COMPLETES ALL FIELDS IN THIS SECTION)			
*** Supervisors can sign for their employee's access as long as forms are vetted by an Account Manager. ***			
By signing this document, I agree the employee named above requires access to the Michigan Department of State records for performance of assigned job duties.			
APPROVED BY (PRINTED NAME)			WORK TELEPHONE
POSITION/TITLE			
SIGNATURE			DATE