



Security Access Request Form for DMIS/TROR

A. User Information: Federal Employee Contractor

B. Access Required:

- Grant Revoke Revise Effective Date: _____
- Agency Reports Preparer Reports Administrative
- Developer DMIS Staff Database Configuration Management

a) First Name _____
 Last Name _____
 Phone Number _____
 E-mail Address _____

b) Agency Name: _____

c) Agency Address: _____

C. Agency Authorization:

- a) Manager / Supervisor Name: _____
- b) Signature: _____
- c) Phone Number: _____
- d) Date: _____

.....

FMS Official Use Only Do Not Complete Beyond This Line *FMS Official Use Only*

Action Completed By: _____ **Date:** _____

Access User Name: _____

FAX completed form to: **Brenda Ellis-General -DMIS/TROR, Administrator**
(202) 874-7292

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 3105, 44 U.S.C. 3056, and the Treasury Department Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to FMS systems. All or part of this information may be furnished to Federal, State, Local and public agencies in the event a violation of the law is disclosed.