



**REPORT MANAGER – REQUEST FORM**

**DATE** \_\_\_/\_\_\_/\_\_\_

**COMPANY PROFILE**

Company/Organization: \_\_\_\_\_ Company Code: \_\_\_\_\_

**Note:** *Only authorized persons on account may request the following changes*

**REPORT MANAGER – USER ACCESS RIGHTS**

**ADD:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**DELETE:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Note:** *SS# is used to generate an alternate user identification number for security purposes*

**SPECIAL INSTRUCTIONS TO VERIFY AUTHORIZATION OF REVISION TO ACCOUNT**

Last 4 digits of SS# for the **Primary Contact** on this account : XXX – XX – \_\_\_ \_\_\_ \_\_\_ \_\_\_

**VERIFICATION OF CHANGES**

*By signing below, I acknowledge that I am designated by the company / organization referenced on this request and am an authorized person responsible on behalf of the company / organization to make this account modification.*

Signature of Primary Contact:	Date:
Print Name Of Primary Contact:	