Alaska Department of Health and Social Services
Alaska Electronic Benefit Transfer (AK/EBT)

EBT WEB ADMIN SECURITY REQUEST

Complete all questions. Form must be TYPED.

Request Type (Select One)

☐ New Request   ☐ Change   ☐ Disable Access

User's Current J.P. Morgan EFS Assigned User ID (for Change or Disable requests):

Indicate Role(s) Required:

State Level		
☐ EBT Unit	☐ Sys Ops	☐ Fraud
☐ Field Staff/ Policy	☐ Accounting/Fiscal	☐ Domain Manager

User's complete name, work address, work telephone:			
Last Name	First Name		MI
Work Address		Work Phone	
City	State AK	County N/A	Zip Code
If this is a change, please explain			
Requester Signature	Office/Unit		Date
Supervisor Signature	Supervisor's Typed Name		Date
Authorized Signatures:			
State Security Administration Approval			Date
JP Morgan EFS Security Administrator			Date

Fax completed form to: DPA Systems Operations
                                        (907) 561-7685

Gen 154   06-3946