

**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):

Environment:

Production UAT

Indicate Role(s) Required:

State Level

<input type="checkbox"/> EBT Unit	<input type="checkbox"/> Accounting/Fiscal	<input type="checkbox"/> Domain Manager	<input type="checkbox"/> InfoManager- (Standard Inquiry)
<input type="checkbox"/> Field Staff/ Policy	<input type="checkbox"/> Fraud	<input type="checkbox"/> Security Admin	<input type="checkbox"/> InfoManager (Custom Inquiry)
<input type="checkbox"/> Sys Ops	<input type="checkbox"/> Disaster Services		

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**