

ISF043  
C 8/31/98  
R 9/09

**INTEGRATED STATEWIDE INFORMATION SYSTEMS  
ISIS SECURITY ADMINISTRATOR  
SETUP/CHANGE FORM**

**Agency Number:** \_\_\_\_\_ **Dept/Agency Name:** \_\_\_\_\_

**ISIS Security Administrator Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Personnel Number:** \_\_\_\_\_ **Remedy Userid (If assigned):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**AGENCY(S) RESPONSIBLE FOR:**

| AGENCY # | AGENCY NAME | PRIMARY                  | ALTERNATE                |
|----------|-------------|--------------------------|--------------------------|
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**Authorization** *(Undersecretary or Appointing Authority)*

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
*(Please Print)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_