

CDHS Partner Agency Child Support Website Access Request for Access and Revocation Form

ACCESS:	Add <input type="checkbox"/>	Revoke <input type="checkbox"/>
Disclosure Statement: By signing this agreement, the User agrees: 1) to safeguard any information accessed on the Child Support Website according to the rules of confidentiality and release of information as specified in the Colorado State Department of Human Services, Volume 6; and 2) to utilize the information solely for business purposes, and inquiry into any case that the user has a personal interest in whether a party to the case or an acquaintance of a party to the case, is strictly prohibited.		
** REQUIRED FIELD		
User First/Last Name (please print) **		
User Signature (not required for revoke) **		
Date (not required for revoke) **		
Telephone # w/ AC & ext (not required for revoke) **		
LAN or PORTAL ID (not required for revoke) **		
Email Address (not required for revoke) **		
If CDHS county employee, select below:	If CDHS state employee, select below:	
County: _____ Partner Agency:	Partner Agency:	
The Partner Agency shall notify the CDHS Child Support Enforcement Office to terminate account access for any user no longer authorized to access this Child Support Website.		
Partner Agency Authorizing Name (please print)		
Partner Agency Position Title (please print)		
Partner Agency Authorizing Signature		
Date		
The County Security Administrator signature required for county access requests only.		
County Security Administrator (please print)		
County Security Administrator Signature		
Date		
Please email form to: cdhs_css_acses_security_team@state.co.us For additional questions, call 303.866.4300 (reference 'Web Access')		

Account set up: _____ (v)
Date Initials Email Sent