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| --- |
| **END USER INFORMATION** |
| TYPE OF USER: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]   | State Employee / Paid Intern | [ ]   | State Contractor / Unpaid Intern | [ ]  | Vendor | [ ]   | Customer(Non-State Entity) |

 | EIN: |  |
|  |  |  |  | *If applicable* |
| FULL NAME: |  |  |  | TITLE/POSITION: |  |
|  | Last | First | M.I. |  |  |
| PHONE #: |  | EMAIL ADDRESS: |  | STATE AGENCY: |  |
|  |  |  |  |  |  |
| DEPT/DIVISION: |  | COMPANY: |  |
|  |  |  | *If applicable* |
| OFFICE LOCATION: |  |  |  |  |
|  | Street Address | City | State | Zip |

|  |
| --- |
| **END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that* No photographs other than those approved are to be published and/or retained.
* I agree that these photographs shall be used for authorized work within the scope and on behalf of my organization.
* I agree that I am responsible for all actions pertaining to the use of my assigned Data Center access and will not provide access to any unauthorized person.
* I understand that any security violation or misuse of equipment must be immediately reported to ADOA ASET SPR at 602-542-2252.

|  |  |  |  |
| --- | --- | --- | --- |
| END USER SIGNATURE: |  | DATE: |  |
|  |  |  |  |

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| **DATA CENTER MANAGEMENT APPROVAL** |
| By signing below, as the State Data Center manager, in authorizing Data Center access for the purpose of using photographic equipment, I affirm that* The end user has informed me of the areas of the State Data Center they are requesting to photograph.
* The end user has agreed that no photographs other than those approved are to be published and/or retained.
* I will advise ADOA ASET SPR at 602-542-2252 as to the disposition of visitors using photographic equipment within the State Data Center.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MANAGER’S NAME: |  | MANAGER’S SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |

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