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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | State Employee | [ ]  | Non-State Employee |

 | EIN: |  |
|  |  |  |  | *If applicable* |
| FULL NAME: |  |  |  | PHONE NUMBER : |  |
|  | Last | First | M.I. |  |  |
| TITLE/POSITION: |  | STATE AGENCY: |  |
|  |  |  |  |  |  |
| DEPT/DIVISION: |  | USER ID: |  |
|  |  |  | *If known* |
| OFFICE LOCATION: |  |  |  |  |
|  | Street Address | City | State | Zip |

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| **REQUEST INFORMATION** |
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| **BUSINESS JUSTIFICATION REQUIRED** |
| *Provide a brief business justification for the request. An appropriate business justification is required before the request will be reviewed by ADOA ASET SPR for processing.* |
| **EMAIL ADDRESS REQUIRED** |
| *Provide a valid state issued email address. This email address will be used to send you a randomly assigned secret verification word from* *secadm@azdoa.gov**. You will need to know this verification word in order for the ADOA Service Desk to confirm your identity and reset your password.* ***DO NOT REVEAL THIS WORD TO ANYONE, NOT EVEN YOUR SUPERVISOR/MANAGER****. The ADOA Service Desk will ask you to provide this verification word to confirm your identity before they reset your AFIS password. Their phone number is 602-364-4444, option #2.*

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| **EMAIL ADDRESS:** |  |

*If you would like to change your verification word, you can either send an email with your name, agency, and the new verification word to* *secadm@azdoa.gov* *from the email address that is on file or call ADOA ASET Security at 602-542-0257. If you call, you will be required to confirm either the current verification word or the last 4 digits of your SSN before the verification word is updated.* |

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| **ARIZONA DEPARTMENT OF ADMINISTRATION DATA SHARING NON-DISCLOSURE AGREEMENT** |
| I have been made aware and understand that applicable laws, rules and ADOA directives bind all ADOA and non-ADOA personnel who have access. I agree to abide by all applicable laws, rules and ADOA directives, and pledge to refrain from any and all of the following:1. Revealing data to any person or persons outside or within the agency who have not been specifically authorized to receive such data.
2. Attempting or achieving access to data not germane to my mandated job duties.
3. Entering/altering/erasing data for direct or indirect personal gain or advantage.
4. Entering/altering/erasing data maliciously or in retribution for real or imagined abuse or for personal amusement.
5. Using terminals, printers, and/or other equipment for other than work related purposes.
6. Using another person’s personal data access control identifier (USERID) and password.
7. Revealing my personal data access control identifier and/or password to another person.
8. Asking another user to reveal his/her personal data access control identifier and/or password.
9. Copying and/or transporting State data without proper authorization.

Appropriate action will be taken to ensure that applicable federal and state laws, regulations and directives governing confidentiality and security are enforced. A breech of procedures occurs pursuant to this policy or misuse of department property including computer programs, equipment and/or data, may result in disciplinary action including dismissal, and/or prosecution in accordance with any applicable provision of law including Arizona Revised Statutes, Section 13-2316. |

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| **AFIS END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that* I have read and agree to comply with the ADOA Data Sharing Non-Disclosure Agreement.
* I accept responsibility for adhering to all applicable laws, rules and ADOA directives. Failure to sign this agreement will mean I will not be permitted access to ADOA produced media, computer equipment and software.

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| END USER SIGNATURE: |  | DATE: |  |
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| **AGENCY APPROVAL** |
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| --- | --- | --- | --- | --- | --- |
| AFIS SECURITY ADMINISTRATOR NAME: |  | AFIS SECURITY ADMINISTRATOR SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |

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