

Common Logon Permissions for NSLP

Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov
Or fax the completed form to (602) 542-1531 attention *NSLP Common Logon Processor*

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.)

CTDS #

First Name (of person having permissions added/deleted)

Last Name

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983)

Work E-Mail Address

Title

Work Phone Number

Ext.

Permissions Section

- Check here to *request* **CNPWeb-NSLP** permissions **OR** to *keep* them if you received them previously. *Note that if left blank, permissions will be deleted if you received them previously.*
- Check here to *request* **CNP Menu Certification** permissions **OR** to *keep* them if you received them previously. *Note that if left blank, permissions will be deleted if you received them previously.*
- Check here to *request* **CNP Direct Certification** permissions **OR** to *keep* them if you received them previously. *Note that if left blank, permissions will be deleted if you received them previously.*
- Check here to *request* **CNP VERIFICATION** permissions **OR** to *keep* them if you received them previously. *Note that if left blank, permissions will be deleted if you received them previously.*
- Check here if the user should be **DELETED**

Authorized Representative

Signature

Date

Work E-Mail Address

Work Phone Number

Ext.

As the above named **Authorized Representative**, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the **ADE Acceptable Use Policy**; is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. **Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.**

ADE USE ONLY

Approved By: _____

ADE Child Nutrition Programs Representative

Date: _____

Revised 5/8/2014