



Common Logon Permissions for NSLP

Sponsor Name: _____ CTDS#: _____

First Name: _____ Last Name: _____

Username: _____ Work Email Address: _____

Title: _____ Work Phone Number: _____ Ext. _____

Permissions Section

Check here to request CNP Annual Financial Report (AFR) permissions OR to keep them if you received them previously.

Check here if the user should be DELETED.

Authorized Representative Name

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