



## 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.

**Once signed, please send the completed form to [ContactHNS@azed.gov](mailto:ContactHNS@azed.gov).**

### ADE Use Only

**Approved By:** \_\_\_\_\_

ADE Child Nutrition Programs Representative

\_\_\_\_\_  
Date