



myFOODS New User Form

Printed Name: _____

Email Address: _____ Phone #: _____

School District: _____ CTD# (if known): _____

Food Service Director: _____

User ID
(All lower case)

1st **initial** of first name & first 6 (or less) letters of last name (ex. jdoe)

Password
(All lower case)

5 – 10 characters (alpha, numeric, or a combination)

Record your **User ID** and **Password** in a safe place and return this form to ContactHNS@azed.gov.

Does this user also require access to FFAVORS*? YES NO

*If yes, HNS will provide additional information about acquiring this access.

ADE Acceptable Use Policy

Data security: Users must safeguard their logon ID and password from disclosure to any person. Users may not access a computer account that belongs to another user. Users must use their own logon ID and password only, are responsible for all activity on their logon ID, and must report any known or suspected compromise of their ID to ADE Network Administration.

New User Signature: _____ Date: _____

Authorized Signature: _____ Date: _____