

# CNP Web

# User Deactivation Request

*Child Nutrition Programs*

*Finance & Support Services*

*PO Box 110500*

*Juneau, Alaska 99811-0500*

*Phone (907) 465-8708*

Instructions: Fill out this form and e-mail or fax it to Child Nutrition Programs (us). Retain a copy for your files.

Representing Sponsor/Agency Name(s):      

Fiscally Responsible Authority Requesting Deactivation:

Contact number for Fiscally Responsible Authority:

Please terminate access for:

Name:

Title:

No longer an employee

Change in job task

Security Compromised

Other:

Fiscally Responsible Authority Signature Date

NOTE: Please update your User Authorization Request forms as often as changes occur to reflect only those currently approved to view or enter data and/or approve claims.

State Official Use Only:

Deactivation request completed by:

Date: