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| **EED_logo_blk** | CNP WebUser Authorization Request**and Signatory Authority** | *Finance & Support Services**Child Nutrition Programs**801 West 10th Street, Suite 200**PO Box 110500**Juneau, Alaska 99811-0500**907- 465-8708**Fax 907-465-8910* |

Instructions: Fill out this form and e-mail or fax it to Child Nutrition Programs (us). Retain a copy for your files. Everyone who needs access to the CNP Web must fill out this form annually. Fill out a separate form for each user. Do not share your username or password with anyone.

Representing Sponsor/Agency Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New User Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial Title

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Mailing address City State Phone Number

*We will e-mail you your username and password.*

New user email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Check programs/type of access: | NSLP\* | CACFP\* | SFSP\* | FDP\* | TEFAP\* |
| View only | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Claim entry | [ ]  | [ ]  | [ ]  | [ ]  | N/A |
| Data entry | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

\* National School Lunch Program, Child & Adult Care Program, Summer Food Service Program, Food Distribution Program, The Emergency Assistance Program.

Child Nutrition Programs (CNP) will assign a password to me and I agree to change it to a unique and secure password that only I will know and use. I understand that using the user name to submit data on the CNP website is the same as an original signature for purposes of official documentation. By using the user name and password, I certify that the information sent to CNP is complete and accurate.

I will not share my user name and password in order to maintain the integrity of the data. If another user uses the CNP Web under my user name and password and provides false information, I understand that I will be responsible for the information supplied to CNP.

I will notify the CNP immediately if my user name and password have been compromised. CNP will give me a new user name and password.

If I no longer need access to the CNP Web, I understand that it is my responsibility to submit a form to end access.

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New User Signature Name (Please Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscally Responsible Authority Signature Name (Please Print) Date

Contact number for Fiscally Responsible Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

Authorization request completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmed changes by email, check all that apply:

[ ] New User: ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Updated: [ ] Email [ ] Phone Number

[ ] Access Added/Removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_