|  |  |  |
| --- | --- | --- |
| **DEED Logo** | **CNP Web****User Deactivation Request** | **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.

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 [ ]  Security compromised |
| [ ]  Change in job task [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_