

# HMIS User Update Request Form

## Requester's Information

Name:

Title/Agency:

Work Email:

Work Phone Number:

## Requested Update Type

- Username       Other      (If Other) Please Describe:
- E-mail
- Department
- Access

## Requested Access Change

- Full HMIS      (If Other) Please Describe:
- HMIS Limited
- HMIS Viewing Only
- Other

## How will the User be using HMIS?

Name of project(s) the User  
will be working with:

Describe Their Duties:

## HMIS User's Updated Information

Check box if this User is a Manager/Supervisor

Name:

Title:

Work Email:

Work Phone Number:

## Program Manager Information (If different than requester)

Name:

Title:

Work Email:

Work Phone Number:

This form must be signed before any further action is taken.

Department Head Signature & Date