

# ODYSSEY USER ID REQUEST FORM

PLEASE PRINT ALL INFORMATION OTHER THAN SIGNATURE

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

USER ID: \_\_\_\_\_ DEPT NAME/#: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION: \_\_\_\_\_ FAX: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

USER'S OR SUPERVISOR'S EMAIL: (REQUIRED FOR NOTIFICATION)

\_\_\_\_\_

ADD USER     DELETE USER     MODIFY USER     RESET PASSWORD

MAKE THIS PERSON LIKE USER  
NAME \_\_\_\_\_ ID \_\_\_\_\_

## ADDITIONAL ROLES:

System: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Financial: \_\_\_\_\_

## COMMENTS:

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

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVING MANAGER \_\_\_\_\_ DATE: \_\_\_\_\_

## AS APPROVED BY:

THE DISTRICT CLERK'S OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_

THE COUNTY CLERK'S OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
NOTIFICATION WILL BE PROVIDED WHEN ACCOUNT IS COMPLETED