

ACCOUNT AUTHORIZED USER FORM – FILEBRIDGE



Access Form ID: **ACCAA01** REVISED 07 21 2021

At Access, we take our commitment to protecting our clients' sensitive information very seriously. In order to remain compliant, this form must be completed and signed by a Supervisor within your company who is an existing authorized user and is able to make changes to the account. Only users added via this compliant form will be allowed access to the account listed below.

ACCOUNT NUMBER _____ ACCOUNT NAME (Legal Entity) _____ TODAYS DATE _____

DELIVERY ADDRESS (# and Street Name, City, State and Zip Code) (Please do not list the billing address.) _____ PHONE NUMBER _____

Authorized User #1: Please check one of the following: **ADD THIS USER** **DELETE THIS USER** **CHANGE USER STATUS**

FIRST & LAST NAME _____ TELEPHONE NUMBER AND EXTENSION, IF APPLICABLE _____

DEPARTMENT NUMBER _____ EMAIL ADDRESS _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE.) _____

ACCESS LEVEL (ACCESS LEVELS CAN BE FOUND DESCRIBED BELOW.) **Tier 0** **Tier 1** **Tier 2** **Tier 3** **Tier 4** **Tier 5a** **Tier 5b** **Tier 6**

Authorized User #2: Please check one of the following: **ADD THIS USER** **DELETE THIS USER** **CHANGE USER STATUS**

FIRST & LAST NAME _____ TELEPHONE NUMBER AND EXTENSION, IF APPLICABLE _____

DEPARTMENT NUMBER _____ EMAIL ADDRESS _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE.) _____

ACCESS LEVEL (ACCESS LEVELS CAN BE FOUND DESCRIBED BELOW.) **Tier 0** **Tier 1** **Tier 2** **Tier 3** **Tier 4** **Tier 5a** **Tier 5b** **Tier 6**

Authorized User #3: Please check one of the following: **ADD THIS USER** **DELETE THIS USER** **CHANGE USER STATUS**

FIRST & LAST NAME _____ TELEPHONE NUMBER AND EXTENSION, IF APPLICABLE _____

DEPARTMENT NUMBER _____ EMAIL ADDRESS _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE.) _____

ACCESS LEVEL (ACCESS LEVELS CAN BE FOUND DESCRIBED BELOW.) **Tier 0** **Tier 2** **Tier 3** **Tier 4** **Tier 4** **Tier 5a** **Tier 5b** **Tier 6**

Authorized User #4: Please check one of the following: **ADD THIS USER** **DELETE THIS USER** **CHANGE USER STATUS**

FIRST & LAST NAME _____ TELEPHONE NUMBER AND EXTENSION, IF APPLICABLE _____

DEPARTMENT NUMBER _____ EMAIL ADDRESS _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE.) _____

ACCESS LEVEL (ACCESS LEVELS CAN BE FOUND DESCRIBED BELOW.) **Tier 0** **Tier 1** **Tier 2** **Tier 3** **Tier 4** **Tier 5a** **Tier 5b** **Tier 6**

ACCESS LEVELS: (DEFINED FOR AUTHORIZED USER PERMISSIONS)
Tier 0 Search & View Only. **Tier 1** Search/Request Retrievals & Pick-Ups.
Tier 2 Search/Request Retrievals & Pick-Ups/Add New Inventory. **Tier 3** Search/Request Retrievals & Pick-Ups/Add New Inventory/Edit Existing Inventory.
Tier 4 Search/Request Retrievals & Pick-Ups/Add New Inventory/Edit Existing Inventory/Add & Edit Users.
Tier 5a Search/Request Retrievals & Pick-Ups/Add New Inventory/Edit Existing Inventory/AUTHORIZE PERMANENT REMOVAL.
Tier 5b Search/Request Retrievals & Pick-Ups/Add New Inventory/Edit Existing Inventory/AUTHORIZE PERMOUT & DESTRUCTION.
Tier 6 Search/Request Retrievals & Pick-Ups/Add New Inventory/Edit Existing Inventory/Add & Edit Users/AUTHORIZE PERMOUT & DESTRUCTION.

PLEASE SIGN & DATE

Client First Name, Last Name (Please Print Name) _____

Client Signature & Date _____

Client Direct Phone Number _____

Client Email Address _____

I certify that by completing and signing this Access Authorized User Form, I am a legal representative of the above named Account and that I do have the necessary permissions to make any and all changes to the above named Account which includes but is not limited to making destruction requests and approvals. I understand that I am fully responsible for updating and keeping the Authorized Users to this named account current by submitting updates to the Access Client CARE Department at clientsupport@accesscorp.com.



Questions regarding this form? Please contact Tish Bennett with Emory University at 404-727-6900 or tishangi.bennett@emory.edu. Thank you.

FOR ACCESS USE

KEYED BY _____ / _____ / _____ NOTES: _____

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