

Administrative Rules System Agency User Access Form Revised September 2016

1. Agency/Board Information			
a. Agency Number	b. Agency Na	b. Agency Name	
c. Agency Address	City		Zip Code
2. User Information			
			nactivate User 🔲 Update User
Name (First, MI, Last)	Na	ne (First, MI, Last)	
E-Mail	E-N	1ail	
Address	Add	Iress	
City State Zip	City	State Zip	
Phone	Pho	one	
☐ New Access ☐ Inactivate User ☐ Update	User	New Access	Inactivate User Update User
Name (First, MI, Last)	Na	ne (First, MI, Last)	
E-Mail	E-N	1ail	
Address	Add	Iress	
City State Zip	City	State Zip	
Phone	Pho	one	
I am authorized, by the Agency noted above, to provide the above user's access to the Wyoming Administrative Rules System and agree that			
those users are representatives of the agency and are acting on its behalf. I understand that the Wyoming Administrative Rules System			
contains State Information and is explicitly the property of the State of Wyoming and is only to be used by State of Wyoming Employees. NOTE: Please be aware of Statewide IT Policies and Standards as they pertain to user responsibilities.			
Signature of Authorized Individual	40 moj porte	Printed Name	
Title		Date	