ADP DATAR Web Access
AUTHORIZATION REQUEST FORM

MUST BE TYPED

☐ **Add New User**　　　　☐ **Remove User**

Date of Request: _____

DATAR User: _____　_____
　　　　　　　　　　　　First　　　　　　　　　　　　　　　　Last

Phone #: _____

E-Mail Address: _____

State Provider's #	Program Site Name
_____	_____
_____	_____
_____	_____
_____	_____

MUST BE TYPED. UNREADABLE NAMES WILL BE RETURNED

Requested By:_____　**Phone:** _____

Notes:
_____

Supervisor's Signature: _____

INFORMATION SYSTEMS USE ONLY

Completed By: _____　**Date:** _____

Username Id: _____

SEND FORM TO: IS SUPPORT SERVICES
2000 Embarcadero Cove, 4th Floor
Oakland, CA 94606
Tel (510) 567-8181 Fax (510) 567-8161