



# Security Access Request Form for DMIS/TROR

**A. User Information:** ☐ Federal Employee ☐ Contractor

**B. Access Required:**

☐ Grant ☐ Revoke ☐ Revise Effective Date: \_\_\_\_\_  
☐ Agency Reports ☐ Preparer ☐ Reports ☐ Administrative  
☐ Developer ☐ DMIS Staff ☐ Database ☐ Configuration Management

a) First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

b) Agency Name: \_\_\_\_\_

c) Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Agency Authorization:**

a) Manager / Supervisor Name: \_\_\_\_\_  
b) Signature: \_\_\_\_\_  
c) Phone Number: \_\_\_\_\_  
d) Date: \_\_\_\_\_

.....

*BFS Official Use Only*

Do Not Complete Beyond This Line

*BFS Official Use Only*

**Action Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Access User Name:** \_\_\_\_\_

**Email completed form to:** **brenda.ellis-general@fiscal.treasury.gov**

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 3105, 44 U.S.C. 3056, and the Treasury Department Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to BFS systems. All or part of this information may be furnished to Federal, State, Local and public agencies in the event a violation of the law is disclosed.