

NY Connects Password Authorization Worksheet

Please fax form to (510) 986-6707

Requestor Information

First Name _____
Last Name _____
Title _____
Agency Name _____
Phone _____
E-mail _____

For RTZ/NY Use Only	
Date Received _____	
Received by _____	
Date Processed _____	
Processed by _____	
Date New ID Confirmed with Requestor _____	
Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	

Are you replacing someone at the agency? Yes / No
If "Yes," who? (name and e-mail or phone) _____

What is the effective date of replacement? _____

Supervisor's (or other person currently using **NY Connects** at agency) name and phone: _____

- Are you the primary contact in your agency for:
- Updating your online listing? Yes / No
 - Technical questions and issues? Yes / No
 - Key updates to **NY Connects**? Yes / No

User IDs and passwords must contain at least 6 characters. They can be letters, numbers, special characters and any combination thereof.

Requested User ID: _____

Requested Password: _____

Note: If a requested ID and Password are not provided, they will be assigned. The default User ID = First Name and Password = Last Name

Permissions Information

What responsibilities will you have?

___ Basic Listing Maintenance-
User is able to enter data into the Listing Maintenance tool and edit existing listings.

___ Advanced Listing Maintenance-
User is able to enter data, edit existing listings, approve new or edited listings and push the listing to the live environment.

I understand that training for the **NY Connects** site is required. If I need training, I will e-mail nyconnects@ofa.state.ny.us. Additionally, I understand that it is my responsibility to notify nyconnects@ofa.state.ny.us if I need any permissions added or removed from my **NY Connects** account. I will also notify nyconnects@ofa.state.ny.us if I am leaving this organization.

I understand that any personal information I view, enter or change on the **NY Connects** website will be treated as confidential and as such will not be disclosed, published or otherwise disseminated. Confidential information in the NY Connects system will not be used for any third party's benefit without prior written approval. I also understand that if any non-authorized disclosure or dissemination should occur, I will be accountable for my actions.

Signature

Date