NY Connects Password Authorization Worksheet

Please fax form to (510) 986-6707

Requestor Information

First Name __________________________________________
Last Name __________________________________________
Title _______________________________________________
Agency Name _______________________________________
Phone _____________________________________________
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: _______________________

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

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

For RT2/NY Use Only

Date Received __________________
Received by ____________________
Date Processed __________________
Processed by ___________________
Date New ID Confirmed with Requestor ___________
Contact Method: ☐ Phone ☐ E-mail