

UWCI Community Web SiteWeb User Account Request Form

Purpose: Use this form to submit requests for **UWCI Web user account creation**, **revocations**, **or changes**. New web access accounts will not be created without this completed and signed form on file at UWCI.

Directions: Please submit the completed and signed form to UWCI in care of Vanessa Sedrel, Community Investment Director, or email a signed copy to vsedrel@unitedwaydm.org. Your request will be completed as soon as possible and an email will be sent to the agency director to verify the addition, removal, or change of web user access.

Request date:	, , , , , , , , , , , , , , , , , , ,		
Agency Name:			
User account informa	ation: (Please print)		
Name:	Middle	Last	Suffix
Gender:	Email Address:		
Phone number: (xxx) x:	Phone Ext	ension: Ph	one Type:
Job Title:			
	ation/revocation/change to	m m/dd/yyy	у
Reason for creation/i	evocation/change:		
Creation/revocation/d	change authorized by:		
Agency Direct	Or:Print name		
Directors's Si	gnature		Date approved mm/dd/vvvv

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