



Authorized Personnel (AP) Form Service Access

- New List**
- Update Existing List**

Customer Number/ID _____

Date _____

Customer Name _____

All Divisions

Division ID _____

All Departments

Department ID _____

All Users / All Access

*****Strict Authorization Enforced*** = Only the names and selections listed will be granted proper security access to account information/services**
Authorized Users *Minimum of two authorized users required*** - Only 'Representatives' can make changes to this AP form**
If the account is Department Restricted, a minimum of two authorized users is required for each Department ID

Add or Delete This User	Authorized Contact Name (First Name / MI / Last Name)	Email Address	Representative(s)/Shred Key Access	Service Specific Access (Records/Shredding/Imaging)	Web Access for Both Records Management / Shredding Svc	Authorized Signature for Destruction (Stored Records)
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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<input type="checkbox"/> Add <input type="checkbox"/> Delete			<input type="checkbox"/> Rep <input type="checkbox"/> Shred Key Access	<input type="checkbox"/> RM <input type="checkbox"/> SH <input type="checkbox"/> IM	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Web Access: User Name = Email Address; Password = P@ssw0rd*2019 (must be changed upon initial login)

Authorized By: _____
(above signature must be a currently authorized requestor)

Print Name: _____
(Authorized By - Please Print Name)

Phone Number / Ext: () - ext.

Please fax or e-mail completed form to:

eFax: **US: 1-850-433-9520**

Email: request@gilmoreservices.com