



Inventory Control Point

Role Request Form

User Info:

User's Last Name:		First Name:		Middle Initial:		Suffix:	
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*User's EDIPI:		* Only REQUIRED if [Signature of DPAS User] is not present.
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Enter the Program and Select the Environment Requested.

Program	Environment	Form Type

Main Access Level:*

Access Level will determine where the roles are assigned.

Required*

UPDATE & INQUIRY Level of Access	Division	ICP
	All	All

I want to...	Role Selections	I want to...	Role Selections

Second Access Level:

Use for separate access levels, or if needed, more role selections

UPDATE & INQUIRY Level of Access	Division	ICP
	All	All

I want to...	Role Selections	I want to...	Role Selections

Additional Info:

Additional Information:	
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Signatures:

*User signature only required if EDIPI not listed above

Signature of DPAS User:		Date:	
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Signature of Information Owner:		Date:	
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DPAS Inventory Control Point Roles Request Form Instructions

All user access forms are located on the DPAS Support website at <http://dpasupport.golearnportal.org/>.
Once on the page go to Support > Request Access > and then select Inventory Control Point.

To view all available Roles and associated training, click the [View DPAS Roles Spreadsheet](#).

User Name	Required	Enter in necessary fields.
User's EDIPI	Optional	Enter the User's EDIPI if the User's signature is not present.
Program	Required	Only one Program is permitted per form.
Environment	Required	One Environment must be selected from the drop-down menu.
Form Type	Required	Select the purpose of the form, to update or create a user's account.
Update & Inquiry Level of Access	Required	Level of Access will determine where the roles are assigned.
Division	Required	- Enter the Division the user will need access to. - If Level of Access is Program, then check the ALL checkbox for Division in the Main Access Level. - If Level of Access is Division, then enter a valid Program/Division combination. - If multiple Divisions are requested, use the remaining Access Level Sections.
ICP	Required	- Enter the ICP the user will need access to. - If Level of Access is Division or above, then check the ALL checkbox for ICP. - If Level of Access is ICP, then enter a valid Division / ICP combination in the corresponding fields. - If multiple ICPs are requested, use the remaining Access Level Sections.
Role Selections	Required	- Select the desired roles from the drop-down menu and indicate Add or Delete. - If more roles are required than boxes provided, use the remaining Access Level Sections.
Additional Information	As needed	Include any Additional Information that can assist with the Update process.
Signature of DPAS User & Date	Required	- Required if User's EDIPI is not present above. - Include the digital signature with EDIPI # of the User who is requesting access to the DPAS System. - Enter the date the form is digitally signed.
Signature of Information Owner & Date	Required	- Include the digital signature of the appointee responsible for approving access to the DPAS system. (i.e. Information Owner or Alternate Information Owner) - Enter the date the form is digitally signed

