

- UNCLASSIFIED | FOR OFFICIAL USE ONLY -



User Info:								
User's Last Name:			First Name:		Middle Initial:		Suffix:	
*User's EDIPI:	* Only REQUIRED if [Signature of DPAS User] is not present.							
Enter the Logistics Program and Select the Environment(s) Requested.								
Registry	stry		Environment		Form Type			

Main Access Level: * Access Level will determine where the roles are assigned. Required*						
UPDATE & INQUIRY Level of Access		Agency				
					All	
I want to	Role S	elections	I want to	Role Selections		

Additional Access Level: Access Level will determine where the roles are assigned. Required*						
UPDATE & INQUIRY Level of Access		Agency				
					All	
I want to	Role S	elections	I want to	Role Selections		

Additional I	nfo:
Additional Information:	

Signatures:

Signature of DPAS User:	Date:	
Signature of Information Owner:	Date:	
Signature of CCB Member:	Date:	





DPAS Registry Role Request Form Instructions

	Request this Form from DPAS	Support or DPAS Security.
		S Support website at http://dpassupport.golearnportal.org/. module, and then select "View DPAS Roles Spreadsheet."
User Name	Required	Only one User Name Per form.
User's EDIPI	Optional	• Enter the User's EDIPI if the User's signature is not present.
Registry	Required	Only one Registry 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 create or update user's account.
Update & Inquiry Level of Access	Required, (Optional for form type = Update User)	 Level of Access will determine where the roles are assigned. For Current users, if no Level of Access selected, access will remain the same.
Agency	Required, (Optional for form type = Update User)	If multiple Agencies are requested for a specific Registry, List each on a separate line.
Role Selections	Required, (Optional for form type = Update User)	Select the desired roles from the drop-down menu and indicate Add or Delete.
Additional Information	Optional, (Required for form type = Update User)	Include any Additional Information that can assist with the Account Setup or Updates.
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
Signature of CCB Member & Date	Optional	If the IO and CCB member is the same person, only one signature is required in the IO field.

