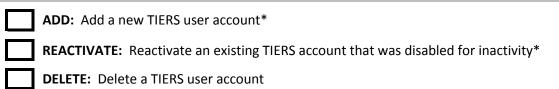
Request for TWC-Provided User Access to HHSC Systems

Please Note: We cannot accept forms with corrections or modifications, including strikethroughs, "write-overs," and/or correction fluid.

Section 1: Type of request -- Please mark only one box:



*Note: Request requires HHS AUA form

Section 2: User Identifying Information -- Please type or print clearly:

User's Name:	
Agency:	Work Email Address:
TWC:	
WDA: <specify #<="" board="" td=""><td>Phone Number:</td></specify>	Phone Number:
	(Include area code and extension, if any)

Section 3: Signatures -- Please add the appropriate signatures. If the user is an internal TWC employee, then only the user's supervisor needs to sign:

User's Supervisor's Signature	Date	WDA TWIST Administrator's Signature	Date
Section 4: Contact Information Au completed forms to:	thorized Adn	ninistrator/Supervisor should email (scan), fax,	or mail
Mail to: TIERS ACCESS ADMINISTRATION TWC-ITIS, ROOM 0330 101 E. 15th Street Austin, TX 78778-0001		Or: Email: tiersaccess@twc.state.tx Fax: (512) 463-6394	ĸ.us
Section 5: TWC Security Coordinator	Use Only:		

TWC Security Coordinator Signature
Comments:

Date