

Administrative Rules System Agency User Access Form

Revised September 2016

1. Agency/Board Information					
a. Agency Number	b. Agency	y Nam	<u> </u>		
c. Agency Address		City		Zip Code	
2. User Information					
■ New Access ■ Inactivate User ■ Update User					
Name (First, MI, Last)		Name (First, MI, Last)			
E-Mail		E-Ma	il		
Address		Address			
City State Zip		City State Zip			
Phone		Phone			
■ New Access ■ Inactivate User ■ Update User		☐ New Access ☐ Inactivate User ☐ Update User			
Name (First, MI, Last)		Name (First, MI, Last)			
E-Mail		E-Ma	il		
Address		Address			
City State Zip		City State Zip			
Phone		Phone			
I am authorized, by the Agency noted above, to provide the above user's access to the Wyoming Administrative Rules System and agree that those users are representatives of the agency and are acting on its behalf. I understand that the Wyoming Administrative Rules System contains State Information and is explicitly the property of the State of Wyoming and is only to be used by State of Wyoming Employees. NOTE: Please be aware of Statewide IT Policies and Standards as they pertain to user responsibilities.					
Signature of Authorized Individual			Printed Name		
Title			Date		