

Tennessee Department of Health - Security RACF/ID Network Request for Add/Change/Delete

"Acceptable Use Policy" signature page MUST be received via email/fax (see below) before this form will be processed.

Today's Date	Authorized Requester/System			Administrator Name Telephon		
Request to:				Current RACF/ID	: Required if "Change" or "Delete	
N	OTE: Employee	s starting in a new c	ost center MU	ST get a new RACF	/ID.	
Is Employee:		Is Employee VIP:		Division:		
County:		YE Primarily works AWS: YE		Edison ID:	Required for State Employees	
				Title:		
FC	OR TOH SECURIT	TY USE ONLY: RACF/	ID Assigned: _			
Employee Name:						
	First	MI Last		SSN-Last 4 digits	Telephone Number	
Email Address:	Required if NOT a state employee			Effective Date:		
Work Address:						
Employee's Manager:			Allotment Co	de:		
			Speed Chart:			
Fiscal Manager (if required):	·					
Fiscal Manager (if required):						
		all that apply):				
Please establish User Acco	ounts for (Select		only	RACF/ID only		
	ounts for (Select	all that apply): Active Directory of Wi-Fi	only	RACF/ID only TNWIC User		
Please establish User Acco	ounts for (Select	Active Directory of	only			
Please establish User Acco Active Directory and E JVPN (select Authenticat	ounts for (Select	Active Directory o	only	TNWIC User		

For JVPN accounts, please select an Authentication Method: Smart Phone App or Grid Card
If applicable, select TEMPLATE to be used for RACF/ID access:

Details or special instructions. Specify context of group and access level. List groups for AD, TN3270, etc. (drive access levels):