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FSA-30
(Proposal 2)

UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency

FSA STELLENT USER ACCESS REQUEST FORM

This form is used to request specified access to add/remove user privileges to/from the FSA Stellent Content Management System for the Public FSA Website. The request for authorization must be authorized by the Account Administrator or by someone higher in the reporting chain for the account or unit. This form should be completed and submitted through AskFSA Internal (<https://askfsainternal.custhelp.com>)

PART A - REQUEST SUBMITTED BY:

1. NAME (Include First and Last Name)	2. E-MAIL ADDRESS	3. CONTACT TELEPHONE NUMBER	4. REQUEST DATE (MM-DD-YYYY)
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PART B - USER INFORMATION:

5. USER NAME (Include First and Last Name)	6. LEVEL II eAUTHENTICATION ID	7. CONTACT TELEPHONE NUMBER
8. USER'S E-MAIL ADDRESS	9. SUPERVISOR'S NAME	10. SUPERVISOR'S EMAIL ADDRESS
11. POSITION TITLE	12. DIVISION	

DATA ACCESS: The roles listed below have a standard set of rights.

* ROLE DESCRIPTIONS: - Editor has read, write, and delete rights - Reviewer has read rights only - Web Director has read, write, delete, administrative, and publish rights	13. INDICATE APPROPRIATE REQUESTED ROLE (CHECK): <input type="checkbox"/> EDITOR <input type="checkbox"/> REVIEWER <input type="checkbox"/> WEB DIRECTOR
14. INDICATE APPROPRIATE REQUEST TYPE (CHECK): <input type="checkbox"/> ADD ACCOUNT <input type="checkbox"/> DELETE ACCOUNT	15. PAGES USER WILL BE RESPONSIBLE FOR UPDATING:

16. REMARKS:

PART C - APPROVING OFFICIAL:

17A. NAME OF APPROVING OFFICIAL:	17B. DATE SUBMITTED:
18. INDICATE APPROPRIATE APPROVAL/DISAPPROVAL ACTIONS (CHECK): <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	19. PERSON TO NOTIFY AUTHORIZATION HAS BEEN GRANTED:

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