## AGENCY SECURITY ADMINISTRATOR(S) FOR OFM PRODUCT: AFRS

Agency Number:		Agency Name:		
AGENCY	AFRS SECURITY	ADMINISTRATOR		
		ed as Agency Security Administ of for individuals within the design	rators for the Agency Financial Reporting nated agency.	g System (AFRS).
☐ Add	☐ Delete			
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Email:			Logon ID:	
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APPROVA	AL OF AGENCY D	DIRECTOR OR DESIGN	EE	
Signature:			 Date:	
Printed Name:			Phone # w/area code:	
Title:			Mail Stop:	

Send a copy of the electronically signed form to: OFM Help Desk at <a href="mailto:HeretoHelp@ofm.wa.gov">HeretoHelp@ofm.wa.gov</a>

Electronically signed can be: An electronic signature, or a typed name in the signature line.

OFM financial systems do not collect personal information from system users. The systems' files/products may contain personal information about citizens. The safeguarding/disposition of AFRS files/products must comply with executive order 00-03, 4/15/00; RCW 42.17.310; and the federal privacy act of 1974.