



## Federal User Account Request Form

---

**Instructions:** This form must be filled out completely and must be signed by the federal staff person submitting the request. The NYTD system administrator will verify all account requests as needed. Confirmation of approved requests, including initial account information for new users, will be sent to the email address provided in item 7 of this form. **Please note:** federal users must have a Personal Identity Verification (PIV) card to access the system. Request forms with original signatures must be scanned and sent via email to [NYTDhelp@acf.hhs.gov](mailto:NYTDhelp@acf.hhs.gov). Forms with digital signature can be sent via email by clicking on the form's submit button. We are unable to accept emails over 5 MB in total size. If you have questions, please contact the NYTD Help Desk.

---

1. **\*Request Type:** Indicate the purpose of the user's request.
  
2. **\*User Role:** Indicate the role-based access of the user. "Central Office" users have access to all state NYTD data file submissions. "Regional Office" users have access to their respective Region's state NYTD data file submissions. "Data Analyst" users have the ability to view all data file submissions and can export data for analysis.
  
3. **\*Office:** Indicate the user's agency/office (e.g., Children's Bureau): \_\_\_\_\_
  
4. **For Regional Office Users Only:** Indicate user's region number and assigned states.  
Region Number: \_\_\_\_\_ Assigned States: \_\_\_\_\_
  
5. **\*User First Name:** \_\_\_\_\_ **\*User Last Name:** \_\_\_\_\_
  
6. **User Title:** \_\_\_\_\_
  
7. **\*User Phone:** \_\_\_\_\_ **\*User Email:** \_\_\_\_\_

**\*Name of person submitting this form (Printed):** \_\_\_\_\_

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

If this is a request to add a new user, the user must sign and submit the "**Federal User Security Compliance Statement**" (next page).

### **\*Required Fields**

---

**For Children's Bureau use only -** INITIALS: \_\_\_\_\_ REC'D DATE: \_\_\_\_\_



## Federal User Security Compliance Statement

---

All new federal users must sign and submit the following statement acknowledging user responsibilities for ensuring appropriate security of NYTD data and of the NYTD system.

### **Responsibilities of a NYTD federal user:**

As a federal user granted access to the NYTD system, I agree to abide by the following:

- I will not disclose personally identifiable information (PII) from the NYTD system to anybody except authorized system users whose roles permit access to that data.
- I will not make any unencrypted electronic copies of PII from the NYTD system.
- I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all PII from the NYTD system.
- I will ensure the proper disposal of PII in any format, including printed reports.
- I will access NYTD system only to the extent that my duties require such access.
- I will abide by all HHS Rules of Behavior.
- I will adhere to all applicable HHS and Federal Information Technology policies, including all IT security training requirements.
- I will report inappropriate or malicious use of NYTD system to the NYTD Help Desk.
- I will immediately notify the NYTD Help Desk if I am separated from duty or no longer responsible for the duties granted by this account.
- I will provide updated user account information upon request.

**Note: The federal user needing access to the NYTD system must sign below:**

**Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_