



State Authorized Official Registration Form

Instructions: The state authorized official is the individual or individuals designated by the state to approve user account requests for other state users as noted in Section 4.3 of NYTD Technical Bulletin #4. Please provide the following information for the individual(s) who will serve as the state's authorized official(s). This form must be filled out completely for each registration or change in registration. The NYTD system administrator will verify all registration requests as needed. Confirmation of approved registrations, including initial account information for new users, will be sent to the email address provided by the user on this form. Forms with digital signature can be sent via email by clicking on the form's submit button. Forms with original signatures must be scanned and sent via email to NYTDhelp@acf.hhs.gov. **Please note:** We are unable to accept any email over 5 MB in total size. Please make sure your total email size with attachment does not exceed 5 MB. If you have questions, please contact the NYTD Help Desk.

1. ***Request Type:** Indicate the purpose of the user's request.

2. ***User Account/Role:** Select "yes" if the individual needs a new NYTD Portal user account or if a user account already exists but the individual needs to change their user role to "state authorized official." Items 3-7 will be used to set up the user account.

3. ***State:** _____

4. ***Agency/Office:** _____

5. ***First Name:** _____ ***Last Name:** _____

6. **Title:** _____

7. ***Phone:** _____ ***Email:** _____

***Name of person submitting this form (Printed):** _____

***Signature:** _____ ***Date:** _____

If this is a request to add a new authorized official, please also sign and submit the "State User Security Compliance Statement" (next page).

***Required Fields**

For Children's Bureau use only INITIALS: _____ REC'D DATE: _____



State User Security Compliance Statement

All new state users and new state authorized officials 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 state user:

As a state 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 the NYTD system only to the extent that my duties require such access.
- I will report inappropriate or malicious use of the NYTD system to the NYTD Help Desk.
- I will immediately notify the NYTD Help Desk of any user account changes, including the need to close my account.
- **For state authorized officials only** – I will submit requests for user account requests to the NYTD Help Desk promptly, including notifying when a state user no longer requires access to the NYTD system.

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

Name (Printed): _____

Signature: _____ **Date:** _____