



## State User Account Request Form

---

**Instructions:** This form must be filled out completely for each user account request. Items 1-7 are to be completed by the state user. Then, an authorized official must sign and date the bottom of the form. The authorized official is the individual designated by the state to approve user account requests. The NYTD system administrator will verify all account requests as needed. Confirmation of approved user account requests, including initial account information for new users, will be sent to the email address in Item 7 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](mailto: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 Role:** Indicate the requested role-based access of the user. "Default" users have view-only access to the state's NYTD data file transmissions. "Manager" users can view all state NYTD data file transmissions and can submit a data file on behalf of the state.

3. **\*State:** \_\_\_\_\_

4. **\*Agency/Office:** \_\_\_\_\_

5. **\*User First Name:** \_\_\_\_\_ **\*User Last Name:** \_\_\_\_\_

6. **User Title:** \_\_\_\_\_

7. **\*User Phone:** \_\_\_\_\_ **\*User Email:** \_\_\_\_\_

A state authorized official must sign below for all user account changes. If this is a new user account request, the user must sign and submit the "**State User Security Compliance Statement**" (next page).

**\*State Authorized Official (Print name):** \_\_\_\_\_

**\*State Authorized Official Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

### **\*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:** \_\_\_\_\_