

Illinois Department on Aging
 Division of Innovation & Technology
Network Agency Security Administrator (NASA) Action Request

Action Requested

Add New NASA
 Delete Current NASA
 Change NASA Information

Network Agency Information

Name of Company Contracting with IDOA

Name of Company Authorized Representative

Address City

State Zip Code

Network Agency Security Administrator Information

Last Name First Name

Email Address Phone Number

Authorized to maintain access for contract(s). List contracts and select add or delete for each contract.

Contract Number	Add	Delete	Contract Number	Add	Delete
<input style="width: 320px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 320px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I, the undersigned, am hereby advised and understand that State law strictly forbids my use of State of Illinois resources for any purpose other than Official State business. Any unauthorized usage of State resources will be cause for severe disciplinary action. Further, I understand that Illinois statute and Certificate Authority policy prohibits disclosure or discussion of any State customer information or other confidential information with anyone outside the proper authorization level. Further, I am hereby advised and understand the requirements for non disclosure of any confidential password information acquired by me whether such information pertains to my individual password or the password(s) of others. I will exercise diligence in the safekeeping of password information and will report unauthorized disclosure promptly to the State Certificate Authority.

Company Authorized Representative Signature

Date

Network Agency Security Administrator (NASA) Signature

Date

IDOA Contract Department Representative Signature

Date

IDOA Information Technology Representative Signature

Date

Please email completed form to Aging.Infotech@illinois.gov