SAFE ADHOC ACCESS REQUEST FORM
(DHS Personnel)

USER INFORMATION **Log ID:_____** **Date Requested: _____**

NAME (print) _____ _____ _____
(FIRST) (I) (LAST)

ORGANIZATION NAME _____
JOB TITLE _____ PHONE _____

USER SIGNATURE _____ DATE _____

APPROVALS

I have reviewed the rights requested and the reasons for needing access to SAFE. I concur with this request.

SUPERVISOR APPROVAL: (Required)

SUPERVISOR NAME _____ DATE _____
SUPERVISOR SIGNATURE _____ PHONE _____

SAFE DIRECTOR APPROVAL: (Required for Non-DCFS Human Services Personnel)

SAFE DIRECTOR SIGNATURE _____ DATE _____
PHONE _____

Describe why access to SAFE is needed: _____
_____
_____
_____

Describe what SAFE information will be used for: _____
_____
_____
_____