**State of Washington**
**Office of Financial Management**
**Accounting Division, Statewide Financial Systems**

# SECURITY ADMINISTRATOR(S) FOR OFM'S Disclosure Form Application

AGENCY #: _____ AGENCY NAME: _____

*The following individuals are designated as Security Administrator(s) for the Disclosure Form Application. They are authorized to assign security for individuals within this agency.*

___ *Add* ___ *Delete*

First Name: _____ Last Name: _____

E-Mail: _____

Are you currently a Financial Toolbox user? Yes_____ No_____

If so, do you want the same Logon ID and

Password in the Disclosure Form Application? Yes_____ No_____

*Logon ID: |__|__|__|__|__|__|__|__ |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

___ *Add* ___ *Delete*

First Name: _____ Last Name: _____

E-Mail: _____

Are you currently a Financial Toolbox user? Yes_____ No_____

If so, do you want the same Logon ID and

Password in the Disclosure Form Application? Yes_____ No_____

*Logon ID: |__|__|__|__|__|__|__|__ |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

*The Logon ID is generally your e-mail address.

**APPROVAL OF AGENCY DIRECTOR OR DESIGNEE:**

Signature _____ Date _____

Printed Name _____ Phone Number _____

Title _____ Mail Stop _____

Send **original** form to:

*Financial Systems Security Administrator*
*OFM Accounting Division*
*PO Box 43113*
*Olympia, WA 98504-3113*

OFM USE ONLY: Security entered by _____ Date _____
If new agency, verify: Folder set up _____ Initiate backup GDG _____