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

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: _____

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*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:

Disclosure Form Product Manager
OFM Accounting Division, SWA
PO Box 43113
Olympia, WA 98504-3113

OFM USE ONLY: Security entered by _____ Date _____