DEPARTMENT OF ACCOUNTS
LAS 87 Security Access Request Form

Form: LAS 87-S1

Agency Number: ___________  Agency Name: ____________________________

Phone Number: ___________  FAX Number: ____________________________

LAS 87 Coordinator: __________________________________________________

Email address: ______________________________________________________

I certify that this agency maintains a system of internal control over on-line access LAS 87 adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

Date: _______  LAS 87 Security Officer: __________________________________

View only access _______Yes _______ No

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<th>Middle Int.</th>
<th>Last</th>
<th>DOA Assigned LAS 87 ID Number</th>
<th>Date LAS 87 Access Added</th>
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New User(s) Email Address(es) __________________________________________________

Access Agencies: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Please Forward To: Department of Accounts
Financial Reporting Unit
P.O. Box 1971
Richmond, VA 23218-1971

Or Email To: LAS@DOA.VIRGINIA.GOV

DOA AUTHORIZED SIGNATURE: ____________________________ Date: _______