

**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

Print User Name			DOA Assigned LAS 87 ID Number	Date LAS 87 Access Added
First	Middle Int.	Last		

New User(s) Email Address(es) _____

Access Agencies: _____

=====

**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: _____