**DEPARTMENT OF ACCOUNTS**

**LAS Plus Security Access Request Form**

**Form: LAS Plus-S1**

Agency Number: Agency Name:

Phone Number: FAX Number:

LAS Plus Coordinator:

Email address:

**I *certify that this agency maintains a system of internal control over on-line access LAS Plus 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 Plus Security Officer:

View only access \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

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|  **Print User Name** |  |  |
| **First**  | **Middle** **Int.**  | **Last**  | **DOA** **Assigned** **LAS Plus ID** **Number**  | **Date LAS Plus Access Added**  |
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New User(s) Email Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:**