**DEPARTMENT OF ACCOUNTS**

**LAS Security Access Request Form**

**Form: LAS-S1**

Agency Number: Agency Name:

Phone Number: FAX Number:

LAS Coordinator:

Email address:

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

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

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

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| Access Agencies: | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ |
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**Please forward to:**

**Department of Accounts**

**Financial Reporting Unit**

**P.O. Box 1971**

**Richmond, VA 23218-1971**

**DOA AUTHORIZED SIGNATURE: Date:**