



Authorized Personnel (AP) Form Service Access

New List
Update Existing List

Customer Number/ID _____

Customer Name _____

Division ID _____

Department ID _____

Date _____

All Divisions

All Departments

All Users / All Access

*****Strict Authorization Enforced*** = Only the names and selections listed will be granted proper security access to account information/services**
Authorized Users *Minimum of two authorized users required*** - Only 'Representatives' can make changes to this AP form**
If the account is Department Restricted, a minimum of two authorized users is required for each Department ID

Add or Delete This User		Authorized Contact Name (First Name / MI / Last Name)	Email Address	Representative(s)/Shred Key Access	Service Specific Access (Records/Shredding/Imaging)	Web Access for <i>Both</i> Records Management / Shredding Svc	Authorized Signature for Destruction (Stored Records)
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes
Add	Delete			Rep Shred Key Access	RM SH IM	Yes	Yes

Web Access: User Name = Email Address; Password = P@ssw0rd*2019 (must be changed upon initial login)

Authorized By: _____
(above signature must be a currently authorized requestor)

Print Name: _____
(Authorized By - Please Print Name)

Phone Number / Ext: () - ext. _____

Please fax or e-mail completed form to:

eFax: **US: 1-850-433-9520**

Email: request@gilmoreservices.com