



Authorization to Add/Modify Users

*indicates a required field

Request Type*	User Information	Permission(s) * <i>(Check all that apply)</i>
<input type="checkbox"/> Add	First Name*	<input type="checkbox"/> View user
<input type="checkbox"/> Modify	Middle Initial*	<input type="checkbox"/> Edit user
<input type="checkbox"/> Remove	Last Name*	<input type="checkbox"/> Lot Manager (private vaccine stock only)
	Credentials	State-supplied Vaccine Management <i>(Limit one each per VFC PIN)</i>
	Phone	<input type="checkbox"/> Vaccine Coordinator
	Email*	<input type="checkbox"/> Back-up Vaccine Coordinator

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I have read the VacTrAK Contract terms and I am authorizing the above changes to be made on behalf of this organization/facility.

Organization Name:

Facility Name and VFC PIN:

VacTrAK Administrator Name (print):

VacTrAK Administrator Signature:

Submit form to: VacTrAK - Email: vactrak@alaska.gov | Fax: 907-562-7802 | Phone: 907-269-0312