



# VAC TRAK



## Add/Modify User Form

Organization Name:		Facility Name & PIN:
User Information: check here if modifying an existing user		Access Level
First Name		View User
Middle Initial		Edit User
Last Name		Lot Manager (private vaccine stock only)
Credentials		Coordinator: AVAP    COVID    VFC Check the ones that apply
Email		Add
Phone		Remove

User Information: check here if modifying an existing user		Access Level
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Email		Add
Phone		Remove

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

VacTrAK Administrator Name  
(if unknown, contact VacTrAK for the Administrator for your facility)

Date:

VacTrAK Administrator Signature:

Click Submit button to email this form to VacTrAK

Any Additional Comments: