



## INDIVIDUALS AUTHORIZED TO SIGN APPLICATION ACCESS FORMS

- New SAR Liaison Request**     **Replace Authorized Signer/Liaison**     **Add an Authorized Signer**

Legal Entity # \_\_\_\_\_ Provider No. or Reporting Unit(s): \_\_\_\_\_

Check Provider Type:  DMH     NGA     FFS     DHS     Other: \_\_\_\_\_

Provider/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Extension

Director/CEO/Liaison \_\_\_\_\_  
Print or Type Name

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**The following individuals are authorized to sign Application Access Forms submitted by the above named agency:**

Name of Designee/Authorized Signer: \_\_\_\_\_  
Print/Type

Signature of Designee/Authorized Signer: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Alternate: \_\_\_\_\_  
Print/Type

Signature of Alternate: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Submitted to SAU: \_\_\_\_\_