KENTUCKY DPH – WIC USER AUTHORIZATION REQUEST FOR E-REPORTS ACCESS

I hereby authorize that:	(Name of Employe	with Use ID:	(KY Number)
Job Title:			
Employee Phone (#:)	work email address:	
BE GRANTED ACCESS TO THE <u>WIC ELECTRONIC REPORTS</u> (eReports) FOR THE INDICATED SITE(S):			
County/District/HID:			
WIC Site #'s/Site Name:			
NOTE: LHD Employees will <u>only</u> be granted access to the site(s) listed above.			
I understand that the proper disposition of the information retrieved, viewed and/or entered lies with the authorized person (user) and the Local Health Department (LHD).			
LHD Authorized Printed	Name:		_
LHD Authorized Signature:			Date:
DPH/WIC Authorized Signature:			Date:
Email completed WIC E-Report security request form to WIC.Helpdesk@ky.gov			
FOR CDP/State Agency Use Only			
Date Received:		Date Completed	:
User Name Assigned:			