Data Storage, Inc.©
"Tulsa's records management leader since 1976"

Personnel Authorization Form

Customer: City of Tulsa Date: _____

Department: _____ Address: _____

Printed Name: First and Last	Web Access: Y/N?	Center #:	Phone	E-Mail

* I, _____ acting as representative for _____ do hereby understand the meaning of the Authorized Personnel form and agree to maintain the integrity of the designated access levels.

It is understood, and strictly enforced by Data Storage, Inc. that only those individuals listed above will be authorized to request access to corporate records.

The company representative must submit any additions, deletions, password changes, or access-level changes to Data Storage, Inc. in writing. All changes require a 48-hour verification period prior to use.

_____ _____

Client Date

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