



Authorization List

Company Name: _____
Account Code: _____ - _____ - _____ (Entrust Assigns)
Department Name: _____
Department Code: _____ (1-8 Characters Alpha/Numeric - Client Assigns)

Only the following individuals may retrieve records and request services for the above account/department:

NAME	EMAIL ADDRESS	TELEPHONE NO.
1 _____ Web User ID: _____ Web User Password: _____	_____	_____
2 _____ Web User ID: _____ Web User Password: _____	_____	_____
3 _____ Web User ID: _____ Web User Password: _____	_____	_____
4 _____ Web User ID: _____ Web User Password: _____	_____	_____
5 _____ Web User ID: _____ Web User Password: _____	_____	_____
6 _____ Web User ID: _____ Web User Password: _____	_____	_____

Signature ACCOUNT ADMINISTRATOR: (Client)

Effective Date:

This Authorization **supersedes** all previous authorizations. It is the responsibility of the client to review and update as necessary. Please fax form immediately to 804-358-0761 and send original to Entrust Records Management, P. O. Box 27976, Richmond, VA 23261, keeping a copy for your records.