



# CFBHN System Access Deactivation Form

Please use this form to deactivate access to CFBHN systems.

## EMPLOYEE BUSINESS INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Reason for Deactivation:

## REQUESTED DATABASE SYSTEM ACCESS

<input type="checkbox"/>	SharePoint Portal Access
<input type="checkbox"/>	916 System Access
<input type="checkbox"/>	HDS System Access
<input type="checkbox"/>	SaFE
<input type="checkbox"/>	RL6
<input type="checkbox"/>	PICA
<input type="checkbox"/>	SFTP

## ACTION REQUESTED

<input type="checkbox"/>	Deactivate User
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## AUTHORIZATION SIGNATURES

Requestor's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

## COMMENTS

A. This form can be faxed to 813-740-4821 Attn: Request Access, or emailed to [requestaccess@cfbhn.org](mailto:requestaccess@cfbhn.org).