



CFBHN System Access Deactivation Form 2021-2022

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 DEACTIVATION

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

AUTHORIZATION SIGNATURES

Requestor's Signature: _____ Signature Date: _____

COMMENTS

All completed documents may be sent:

1. Emailed to requestaccess@cfbhn.org OR
2. Faxed at 813-740-4821 Attn: Request Access