

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
ACCESS CONTROL SYSTEM CONTACT FORM (DFA/ACS01)**

Agency Name:		Agency Director Name:	
Address:		Agency Director E-Mail:	
City/State/Zip:		Signature:	
HANDMAIL: Yes No	Phone:	Date:	Access card number:

Primary Contact - Add Change	Secondary Contact - Add Change
Name:	Name:
Title:	Title:
E-Mail:	E-Mail:
Phone:                      Access card number:	Phone:                      Access card number:
Signature:	Signature:
Date:	Date:

By your signature you agree that you, as primary or secondary contact, are responsible for the following:

- All security requests signed by you for your agency
- Being the point of contact for your agency for access control issues
- Timely notification to the ACS Administrator of all employee separations from employment
- Immediate notification to DFA Capitol Police of all lost or stolen access cards
- Returning access cards for separated employees

<b>DFA Use Only</b>
<b>Date Received:</b>
<b>By:</b>

**Mail to:**  
**DFA Office of Information Technology**  
**ACS ADMINISTRATOR**  
**501 North West Street**  
**Suite 1201B Woolfolk Building**  
**Jackson, MS 39201 HANDMAIL**

**Fax to:**  
**ACS ADMINISTRATOR**  
**(601) 359-3690**