

1. Print or Type 2. Sign where applicable and submit form to:  DFA/MMRS Robert Clark Building 301 North Lamar Street; Suite 400 Jackson, Mississippi 39201 Fax: (601) 359-6551 MASH@dfa.ms.gov	Agency Name:				Agency Phone:			
	Agency Address:							
<b>MAGIC - Security Contact updates can be made in MAGIC</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>MATA Agency Contracts / PayMode</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>SPAHRs/ NEOGOV / Employee Central</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>MERLIN – Security Contact updates can be made in MERLIN</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>ACE Agency Administrator</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>FMVIEW SPAHRs</b>	Primary Contact	Add	Change	Delete	Backup Contact	Add	Change	Delete
	Name:				Name:			
	Email:				Email:			
	Phone:				Phone:			
Contact Signature:				Contact Signature:				
<b>Agency Authorization</b>	By signing this form, I am authorizing the above named employees to be Security Contacts for the specified applications for this agency. I am aware of, and have read, the <b>DFA Policy for Treatment of Social Security Numbers (SSNs)</b> on the DFA website at <a href="https://www.dfa.ms.gov/sites/default/files/MMRS%20Home/MMRS%20Application/Security/policytreatmentssn.pdf">https://www.dfa.ms.gov/sites/default/files/MMRS%20Home/MMRS%20Application/Security/policytreatmentssn.pdf</a> . I agree to accept responsibility for the protection and use of SSNs by agency staff authorized by me, or my designee, and to abide by any amendments to this policy posted by DFA, via this website, to ensure the privacy and confidentiality of SSN information as required by law.							
	Agency Director's Signature:							