

**Mississippi Management and Reporting System
2504 ACE Agency Administrator Security Form**

User Name: _____	ACE Userid: _____
Phone: _____	For MMRS Use Only Process Date: _____
E-mail Address: _____	By: _____
Agency: _____	Return to:
Address (Hand Mail if applicable) _____	MASH@dfa.ms.gov
_____	Dept. of Finance and Administration/MMRS
_____	Robert Clark Building 301 North Lamar Street Suite 400 Jackson, MS 39201
	Fax: (601) 359-6551

**I am aware of, and have read the DFA Policy for Treatment of Social Security Numbers (SSNs) on the MMRS web page at www.dfa.ms.gov/mmrsl/ > About Us > Active Administrative Rules and agree to accept responsibility for receipt of any information containing Social Security Numbers and for securing this information. I also agree to abide by any amendments to this policy posted by DFA, as necessary via this web page, to ensure the privacy and confidentiality of SSN information as required by law.

Maintenance Action (circle one) Add Change Delete – effective date: _____

SPAHRS Agency Number(s): _____ _____ _____ _____
 _____ _____ _____ _____

OFM Access: (check one) (Yes) _____ (No) _____

Authorized SPAHRS Security Contact

Name (Please Print) :	Phone:
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Signature**:	Date:
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