

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 are made in MAGIC</b>	MAGIC Security contact updates are made in Identity Management by the Agency Director. Please email at <a href="mailto:mash@dfa.ms.gov">mash@dfa.ms.gov</a> or call the MMRS Call Center @ 601-359-1343, Option 1, Option 3 for assistance in making this change.		
<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</b>	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete	
	Name:	Name:	
	Email:	Email:	
	Phone:	Phone:	
	Contact Signature:	Contact Signature:	
<b>MERLIN</b>	MERLIN Agency/User Information can be requested or updated online at: <a href="https://merlin.state.ms.us/merlinwk/MERLINSi.nsf?OpenDatabase">https://merlin.state.ms.us/merlinwk/MERLINSi.nsf?OpenDatabase</a>		
<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="http://www.dfa.ms.gov/media/2103/policytreatmentssn.pdf">http://www.dfa.ms.gov/media/2103/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:		