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| **Department of (insert name of your agency and business unit)** |
| **Access Control Certification for DFS, Division of Treasury's Trust Fund application** |
| **for the quarter ending (insert quarter ending month, date, and year)** |
|  |
| For the quarter ending (insert quarter ending month, date, and year), I , as Trust Fund Administrator (TFA), certify that all Department of (insert name of your agency and business unit) users of the Treasury's Trust Fund application were authorized users and were assigned the appropriate level of access with the appropriate roles and responsibilities. I further certify that any unauthorized users or inappropriate levels of access, roles, or responsibilities have been removed from the Trust Fund application as of the date of this certification. |
|  |
|  Print Name: |   |  |
|  Agency: |   |  |
|  Business Unit: |   |  |
|  Title: |   |  |
|  Address: |   |  |
|  Phone Number: |   |  |
|  Email Address: |   |  |
|  Signature: |   |  |
|  | Trust Fund Administrator’s Signature |  |
|  | Insert TFA Department Name and Business Unit |  |