

STATE OF NORTH CAROLINA NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS	ACCESS REQUEST (GUARDIAN AD LITEM OFFICE ONLY)
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See Side Two for instructions on completing this form. Fax Side One of completed form to (919) 890-1916 or scan Side One of completed form and email to the Access Administration team at Access.Admin@nccourts.org.

USER INFORMATION			
<i>User's Name (first, middle, last are required)</i>	<input type="checkbox"/> <i>Name Change</i>	<i>Mother's Maiden Name</i>	<i>Social Security No. (last four digits)</i>
<i>Title/Position</i>		<i>Telephone Number</i>	<i>Telephone Extension</i>
<i>Requested Action For User (select only one)</i>		<i>Separation Date</i>	<i>NCAOC User ID (NCAOC-assigned)</i>
<input type="checkbox"/> <i>Add New User</i> <input type="checkbox"/> <i>Change For Existing User</i> <input type="checkbox"/> <i>Delete/Terminate Access</i>			

AGENCY INFORMATION	
<i>Agency Name</i>	<i>Agency County</i>

SYSTEM ACCESS REQUEST – Specify (A) for Add or (D) for Delete

Guardian ad Litem (GAL) Systems

___ GAL Volunteer Email

USER AGREEMENT

The User agrees to the following:

1. The User ID assigned to the User shall be used only by the User; shared User IDs are not allowed. The User's password shall not be revealed to other individuals at any time for any reason.
2. The User shall remain with any device currently accessing NCAOC email. Sessions connected to NCAOC email shall be disconnected immediately if the User is not in direct, immediate control of the accessing device.
3. The User shall not share with unauthorized personnel information that is exempt from the Public Records Act (G.S. Chapter 132), including, but not limited to juvenile information or information regarding juvenile cases filed under G.S. Chapter 7B, entitled "Juvenile Code."
4. The User shall encrypt all email that contains confidential or sensitive information or attachments (e.g., draft Guardian ad Litem Reports). To encrypt an email, the User shall either: (a) type <secure> into the subject line; or (b) select the Options tab, then Permission, then Encrypt-Only before sending the email.
5. The User has reviewed the current version of the NCAOC's Acceptable Use Policy, understands the content therein, and agrees that User's use of NCAOC information systems will be in conformity with that policy.

<i>User's Signature (By signing, User indicates acceptance of User Agreement.)</i>	<i>Date</i>
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SPECIAL INSTRUCTIONS/OTHER INFORMATION
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REQUESTING AUTHORITY

By signing this form, I affirm that the person for whom I am requesting access is a volunteer of the above named Guardian ad Litem office, which is an office in my assigned district.

<i>Requesting Authority's Name (type or print)</i>	<i>Requesting Authority's Signature</i>	
<i>Requesting Authority's Title</i>	<i>Requesting Authority's Telephone No.</i>	<i>Date</i>

(Over)

INSTRUCTIONS FOR COMPLETING ACCESS REQUEST FORM (AOC-A-262)

This access request form is to be used for Guardian ad Litem offices to request access to NCAOC email for their volunteer Guardians ad Litem. The Requesting Authority must complete the reverse side of this form to identify a User and request access to NCAOC email for that User. All required sections must be filled out correctly and completely. An authorized signature for approval must be provided. If the form is incomplete, illegible, unsigned, improperly signed, or not dated, it will be returned to the sender without further action by the NCAOC. Questions regarding proper use of this form should be directed to NCAOC Access Administration at (919) 890-2221.

USER INFORMATION (Fields with * must be entered)

***User's Name:** Provide the User's complete first, middle, and last names (e.g., John Lee Doe).
***Mother's Maiden Name** for the User is required for identification purposes.
***Social Security Number:** Provide the last four digits of the User's Social Security number.
Title/Position: Provide the name of the User's job title/position.
Telephone Number: Provide the User's telephone number.
Telephone Extension: Provide the User's telephone number extension.
***A Requested Action** must be selected for the User.
 ■ Add New User
 ■ Change For Existing User
 ■ Delete/Terminate Access (**NOTE:** *If deleting a separated User, access to each system does not need to be marked with a "D."*)
Separation Date is required for a deleted User.
NCAOC User ID: The User's NCAOC User ID is required if changing or deleting a User's access.

AGENCY INFORMATION (Fields with * must be entered)

***Agency Name:** Provide the full name of the User's agency.
***Agency County:** Provide the full name of the county.

SYSTEM ACCESS REQUEST

Enter (A) to add or (D) to delete the User's access and roles for the following:
GAL Volunteer Email.

USER AGREEMENT

The User for whom access is being requested must read, understand, and indicate agreement with the statements in this section of the form by signing at the bottom of the section and entering the date.

REQUESTING AUTHORITY

The Requesting Authority must complete this entire section. In the case of a Guardian ad Litem office, the Requesting Authority is the GAL District Administrator. The individual serving as the Requesting (*approving*) Authority must print his or her name, add his or her title, telephone number, and the date (*of request*), and sign in the Requesting Authority's Signature box to authorize access for the User.