

Mailing Address:
5665 Ponce de Leon Blvd.
Coral Gables, FL 33146



Phone Numbers:
Fax: 305.284.6992
Call: 1.800.231.5747

INACTIVE USER DATA FORM

All inactive user accounts must be requested for termination by the CHRIS Data Facilitator. Please fill out this form and fax it to the Help Desk. We will contact you when the user account has been deleted.

User Information

First Name: _____ Last Name: _____

Site Name: _____ Phone Number: _____

Site Address: _____

Email Address: _____

Is someone taking over this position? Yes No

If yes, please fax a New User Data Form to add that user account to the CHRIS Database. The form can be obtained online at www.chris.miami.edu.

Record Access Information

Username: _____ Password: _____

County Access: _____
(List all the counties the user had to access.)

Type of Record Access: *(Please check one.)*

_____ View Only

_____ Edit

_____ Edit/Delete *(May only delete Service Coordination events and significant adult records.)*

Type of User: *(Please check one.)*

_____ Data facilitator

_____ ESE Director

_____ Data entry/staff

_____ Other

_____ Manager

Please sign your name below

CHRIS DATA FACILITATOR

DATE REQUESTED

Please fax to the CHRIS Help Desk at 305.284.6992. Thank you.