

Office of the Comptroller

PARTNERNET SECURITY FORM

General Information

Department Code:	UAID:
Last Name:	First Name:
Telephone Number:	E-Mail:

PartnerNet Role Request

<input type="checkbox"/> ADD General Inbound Upload Role	<input type="checkbox"/> DELETE General Inbound Upload Role
<input type="checkbox"/> ADD Disaster Recovery Interface Role	<input type="checkbox"/> DELETE Disaster Recovery Interface Upload Role
<input type="checkbox"/> ADD Fixed Asset Role	<input type="checkbox"/> DELETE Fixed Asset Role

PartnerNet Web Application Request

<input type="checkbox"/> ADD Internal Control Questionnaire Web Application	<input type="checkbox"/> DELETE Internal Control Questionnaire Web Application
<input type="checkbox"/> ADD Financial Reporting Web Application	<input type="checkbox"/> DELETE Financial Reporting Web Application

APPROVAL

The Security Officer must send this form electronically to: securityrequest@massmail.state.ma.us

**** Please note: Security Officers can add users to PartnerNet as needed, this form is to request additional access only.**