**Disabled Persons Protection Commission Abuser Registry –**

**User Account Authorization Form**

Disclaimer: By completing this form, you are affirming that you are authorized by your organization to serve as or appoint an Authorized Access Administrator and/or authorize other employees to access the Disabled Persons Protection Commission (DPPC) Abuser Registry. The DPPC is not responsible for any unauthorized use of the Abuser Registry by the individuals appointed by you as listed below. Each organization is limited to one Authorized Access Administrator.

**Employer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Access Administrator (Please Select 1):**

\* The DPPC will contact the Authorized Access Administrator when an employee requests a user account to confirm that they are authorized by the organization to perform Abuser Registry Searches.

The following person will serve as the Authorized Access Administrator:

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby affirm that the information above is accurate to the best of my knowledge, and that I am authorized by my organization to approve the Abuser Registry access of the individuals listed above.

I also affirm that my organization qualifies as an “employer” pursuant to M.G.L. c. 19C, §15 because my organization: (1) contracts with; (2) is licensed by; or (3) is funded by, the Department of Developmental Services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_