

# NW Social Service Connections / Clackamas County

## REMOTE ACCESS AGREEMENT

I, \_\_\_\_\_ (Name), am applying for Remote Access Authorization for NWSSC CMIS/HMIS.

I require remote access for the purpose of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location/Site for remote access: \_\_\_\_\_ IP Address: \_\_\_\_\_  
(If Known)

Dates/Times for remote access: \_\_\_\_\_

My ServicePoint Login is: \_\_\_\_\_

Agency: \_\_\_\_\_ Program(s): \_\_\_\_\_

I certify that I have read and will comply with the Remote Access Policy. I am and will be in compliance with all Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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As Agency Administrator I have reviewed this application. I find it is a valid and active request. I support and approve this application for Remote Access. I understand that it is my responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS. I will frequently audit remote access by associating dates and times to the user's time sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Approved  
System Administrator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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