



CLIENT AUTHORIZATION FORM

WAM Account Number #: _____ Client Name: _____

Client Primary Address: _____

Client Primary Contact: _____

Primary Contact Email: _____

Primary Contact telephone # (____) _____

Primary Contact fax # (____) _____

The following individuals have access to records/data managed by Washington Archives Management and may request any and all services for the account. Web access authorization only to those individuals indicated below. Such requests for access may be given by fax, website requests, or by written letter.

Sub-account Access? Y/N If yes, which Sub-accounts?	Contact Name	Phone Number	Email Address	Web Access? Y/N

_____ Voids all previous authorizations _____ Add user(s) to the current listing
 _____ For a new client set-up _____ Remove user(s) from current listing

Primary Contact Signature: _____ Date: _____