THIRD-PARTY ACCESS REQUEST FORM
Michigan Department of State
Email: CommercialServices@Michigan.gov

PLEASE PRINT OR TYPE INFORMATION REQUESTED

SECTION A: ACCESS REQUEST
☐ ADD NEW USER
☐ DELETE EXISTING USER
☐ NAME CHANGE FOR CURRENT USER

Previous Name:

SECTION B: EMPLOYEE INFORMATION (EMPLOYEE COMPLETES ALL FIELDS IN THIS SECTION)

NAME (FIRST) (MIDDLE INITIAL) (LAST)

COMPANY NAME:

COMPANY ADDRESS:

CITY

STATE

ZIP

WORK EMAIL ADDRESS:

WORK TELEPHONE (AREA CODE AND NUMBER)

SECTION C: EMPLOYEE SECURITY AGREEMENT (EMPLOYEE SIGNS AND FOWARDS TO SUPERVISOR AND/OR ACCOUNT MANAGER)

USER AGREEMENT: I agree to protect my usercode and password from unauthorized use. I understand that work done under my usercode is recorded as being done by me. I understand that I control the use of my usercode through the protection of my password, which I keep secret and change on a frequent basis to prevent unauthorized use. Information obtained through the use of my usercode will be held in strict confidence. The Michigan Department of State has a policy covering the release of information and the disciplinary measures for violation of that policy. All operators should be aware that inappropriate release of information accessible through terminals is a violation of Federal law.

EMPLOYEE SIGNATURE:

DATE:

SECTION D: APPROVAL (EMPLOYEE'S SUPERVISOR/ACCOUNT MANAGER COMPLETES ALL FIELDS IN THIS SECTION)

*** Supervisors can sign for their employee's access as long as forms are vetted by an Account Manager. ***

By signing this document, I agree the employee named above requires access to the Michigan Department of State records for performance of assigned job duties.

APPROVED BY (PRINTED NAME):

WORK TELEPHONE:

POSITION/TITLE:

SIGNATURE:

DATE:

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