## Request for TWC-Provided User Access to HHSC Systems

Please Note: We cannot accept forms with corrections or modifications, including strikethroughs, "write-overs," and/or correction fluid.

Section 1: Type of request Please	mark only one	e box:	
ADD: Add a new TIERS user account*			
<b>REACTIVATE:</b> Reactivate an existing TIERS account that was disabled for inactivity*			
<b>DELETE:</b> Delete a T	IERS user accou	ınt	
		*Note: Request requires HHS AUA form	
Section 2: User Identifying Information Please type or print clearly:			
User's Name:			
Agency:	Work Email Address:		
TWC:			
WDA: <specify #<="" board="" td=""><td colspan="2">Phone Number:</td></specify>	Phone Number:		
WDA.	(Include area code and extension, if any)		
only the user's supervisor needs to	sign:		
User's Supervisor's Signature	Date	WDA TWIST Administrator's Signature Date	
Section 4: Contact Information Authorized Administrator/Supervisor should email (scan), fax, or mail completed forms to:			
Mail to: TIERS ACCESS ADMINISTRATION TWC-ITIS, ROOM 0330 101 E. 15th Street Austin, TX 78778-0001		Email: tiersaccess@twc.state.tx.us Fax: (512) 463-6394	
Section 5: TWC Security Coordinator Use Only:			
TWC Security Coordinator Sign	nature	Date	