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| **TRAVIS COUNTY, STATE OF TEXAS****INFORMATION TECHNOLOGY SYSTEMS**  | P. O. Box 1748**Austin, TX 78767** |

**REQUEST FOR NEW FACTS PARTICIPANT ACCOUNT**

***Note: ALL FIELDS and QUESTIONS with an asterisk (\*) are required. Incomplete forms will be returned to the requestor for more information.***

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name**\*** | First Name**\*** | MI**\*** | Employee ID **\*** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Division**\*** | Position**\*** | Phone Number  | Extension  |
|  |  |  |  |

**NETWORK LOGIN NAME**

**EXISTING AIX ACCOUNT?** Yes [ ]  **Account Name:** No [ ]  Don’t know [ ]

**FACTS ACCESS**:

|  |  |
| --- | --- |
| **Database:**  |  |
| **District** | View Only |[ ]   | **JP4** | View Only |[ ]
|  | Update |[ ]   |  | Update |[ ]
| **County** | View Only |[ ]   | **Probate** | View Only |[ ]
|  | Update |[ ]   |  | Update |[ ]
| **Hot Checks** | District |[ ]   | **Pretrial** | View Only |[ ]
|  | County |[ ]   |  | Update |[ ]

**Group Name Assignment:**

**Grant Access similar to (person):**

|  |  |  |
| --- | --- | --- |
| Date | Dept. Authorization - Supervisor/ Representative | e-Mail Address |
|       |       |       |
|  | (type name) | (type email address) |

**SAVE the completed form. EMAIL the form as an attachment TO: ITS HelpDesk**