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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**