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| State of Wisconsin  Department of Administration  Division of FACILITIES AND TRANSPORTATION SERVICES  DOA-3807 (R02/2021) |  | State Records Center (SRC)  4622 University Avenue, 10A  Madison, WI 53705  Phone: 608-266-2995 |

State Records Center Services Authorization Request

Instructions: This form is used to provide employees with authority from their agency to utilize the State Records Center’s services and its Versatile system. *Your agency’s records officer must approve your request and send the completed form to the State Records Center (SRC)*. Records officers should submit the completed form to: [DOADEORecordscenter@wi.gov](mailto:DOADEORecordscenter@wi.gov) . Upon setup, the SRC will send newly authorized users and their records officer confirmation and instructions for using Versatile.

Helpful Definitions:

* Division/Sub-Unit: This number is created by the agency to identify specific program areas within your agency. The Division/Sub-Unit identifies for the SRC the program area(s) and records that you are approved to access. If you require access to more than one program area, please list all applicable Divisions/Sub-Units. *(University of Wisconsin: Please see UDDS below.)*
* UDDS: A six-number identifier for a specific University of Wisconsin Institution, Department, program, or entity. Historically, the “UDDS” stands for Unit, Division, Department, Sub department.

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| Type of Request: (Complete Appropriate Section(s) Only) | | | | | | Add | | Remove | | | Change | | |
|  |  | | | | | | | | |  | | |  |
| Agency Name: |  | | | | | | | | | Agency Number: | | |  |
|  | |  | |  |  | |  | |  | | | | |
| Authorizing Record Officer: | | |  | | | | | | | | | Date: |  |
|  | | | | | | | | | | | |

ADD New User: All Fields Required

|  |  |
| --- | --- |
| First and Last name |  |
| Division/Sub-Unit/UDDS *(Name & Number)* |  |
| Division/Sub-Unit/UDDS *(Name & Number)* |  |
| Division/Sub-Unit/UDDS *(Name & Number)* |  |
| Street Address for Delivery & Pickup |  |
| Office/Floor/Pillar/Cubicle # for Delivery & Pickup |  |
| Building Name for Delivery & Pickup |  |
| Phone Number |  |
| Email Address |  |

REMOVE Existing User(s):

|  |  |
| --- | --- |
| First and Last name | Authorization ID(s) |
|  |  |
|  |  |
|  |  |

CHANGE Existing User(s):

|  |  |  |
| --- | --- | --- |
| First and Last Name | Authorization ID | Change(s) to be made |
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This document can be made available in alternate formats to individuals with disabilities upon request.