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| Please type in the form and sign with ink or electronically | Return form to dgotchal@ahfc.us  |
| Agency Navigation Team Lead | Date: 1/26/2022 |
| Name: |  | Start Date: | 2/16/2021 |
| Title: |  | Department: |  | Not # |
| Organization |  | Email: |  |  |
| Location: | Boniface | Not # | Phone: | 330-8299 |

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| Access Request Type |
| [ ]  Create New Housing Navigation Team  | [ ] Existing Housing Navigator Team |
| [ ]  Request to Terminate Access for Staff  |   |

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| Navigation Team Lead Approval: (signature must be with ink digitally signed) |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |

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| Access Request Detail: Please Indicate the navigator staff, their policy acknowledgements as well as the effective date for the requested change. |
| Agency Navigators | Effective Date: Day/Month/Year | Conflict of Interest, Data Security and Privacy, and AHFC information security policies have been reviewed and signed |
| Staff Name:Staff Email:IP Address:  | \_\_\_\_\_\_\_\_\_\_ | [ ]  Conflict of Interest, Data Security and Privacy, and AHFC information security policies have been reviewed and signed |
| Staff Name:Staff Email:IP Address: | \_\_\_\_\_\_\_\_\_\_ | [ ]  Conflict of Interest, Data Security and Privacy, and AHFC information security policies have been reviewed and signed |
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| Staff Name:Staff Email:IP Address: | \_\_\_\_\_\_\_\_\_\_ | [ ]  Conflict of Interest, Data Security and Privacy, and AHFC information security policies have been reviewed and signed |

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| Approval:  |
| Name: | Chelsea Arthur | Planner Signature: |  |
| Name: | Daniel Delfino | Department Director Signature: |  |