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| Please type in the form and sign with ink or electronically | | | | | Return form to [dgotchal@ahfc.us](mailto: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 |
| 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: |  |