



## DATABASE ACCESS REQUEST

State Form 55859 (R / 9-24)

INDIANA DEPARTMENT OF HEALTH

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**Scope:** Agency Wide

**Last Revised Date:** 8-18-2024

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**Purpose:** To obtain the necessary information required from the requester and the data owner or custodian's approval for a workforce member's access to any databases.

1. Workforce member's first and last name:
  
  
  
  
  
  
  
  
  
  
2. Database name:
  
  
  
  
  
  
  
  
  
  
3. Schema name or application name:
  
  
  
  
  
  
  
  
  
  
4. Identify the roles or permissions (select, update, insert and delete) that you are requesting.
  
  
  
  
  
  
  
  
  
  
5. Provide the data owner or custodian's name for the database.

Submit the completed form with the data owner or custodian's approval email to the IDOH ACCESS REQUEST mailbox at [idoaccessrequest@health.in.gov](mailto:idoaccessrequest@health.in.gov).