



NON-EMPLOYEE ACCESS

State Form 56000 (3-16)
AUDITOR OF STATE

Type of Request: Add
 Change
 Delete

Contract Information

Contractor Name		Contract EDS Number	Contract Start (month, day, year)	Contract End (month, day, year)
Contractor Address (number and street, city, state, and ZIP code)		Special Provisions of Contract (Workstations, Equipment, Parking, Etc.)		

AOS Information

Primary Contact Responsible for Contractor		Primary Contact Telephone Number		Primary Contact Department	
Assigned Department	Business Unit	Billing Code	PS Dept	PS Location	Job Class

Onsite Resource Information

Name (First, Middle Initial, Last)		Home Address (number and street, city, state, and ZIP code)			
Wireless Telephone Number		Email Address			
Emergency Contact		Relationship		Emergency Contact Telephone Number	
Existing PeopleSoft ID _____ Yes _____ No		Provide existing PS ID _____		Copy of Valid Driver's License Attached (Form will be rejected without this.) _____ Yes _____ No	
ID Badge Required _____ Yes _____ No	Specific Room Access Required		Comments and Justification for Requested Access		

IT Access

VPN _____ Yes _____ No	Citrix _____ Yes _____ No		AOS Email _____ Yes _____ No				
AOS System Access (Be specific)		Read Only	Write	IOT System Access (Be specific)		Read Only	Write
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____

Acknowledgement

By accepting this access, I understand and agree:

- I am responsible for protecting data and programs against unauthorized use, access, theft, alteration, or destruction.
- All computer programs and materials developed while using State facilities or resources are the property of the State of Indiana.
- I will access only the applications and data that have been approved for my official use.
- I will not share my log-on credentials or show any unauthorized users how to access any systems.
- I agree to comply with the Information Resources User Agreement
- I agree that data, materials, and information disclosed to me may contain confidential and protected project information and will not be disclosed to or discussed with any third parties, including other State of Indiana employees and/or agencies without the prior written consent of the Auditor of State .
- I agree to direct any third party inquiries, including from State of Indiana employees and/or agencies to the appropriate Auditor of State management staff.
- I understand that my failure to comply with any of the conditions outlined may result in immediate termination of the contract I am working under and/or any other available legal remedies including but not limited to criminal prosecution.

Printed Name	Signature	Date (month, day, year)
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Auditor of State Use Only

Approving Director Printed Name	Approving Director Signature	Date (month, day, year)
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