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2-1-1 Orange County

1505 E 17th Street Ste. 108, Santa Ana, CA 92705

(714) 288-4007, OCHMIS.org

**Homeless Management Information System (HMIS)**

**User Revocation of Access Form**

This Client Revocation of Access form is to notify the HMIS System Administrator that all access to the HMIS system to be revoked for the following employee.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Agency Name: |  | Reason for Revoking Access (mark with ‘X’): | | | |  |  |  | Employee no longer works for agency | | | Name of Employee: |  |  | Employee no longer uses HMIS | | |  |  |  | Other: |  | |

**Authorization**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date Access should be Revoked: |  |  |  |  |  |  | | --- | --- | --- | | Authorized By (Print Name): |  | Signature: | |  |  |  | | Job Title: |  | Date: | |  |  |  | | Phone Number: |  | Email: | |  |  |  | |

Please return this form to 2-1-1 Orange County by email to [HMIS-helpdesk@211oc.org](mailto:HMIS-helpdesk@211oc.org)   
or by fax at (714) 258-7852.