



**e-Portal and MMIS Signature Authorization Form – LM-3**

<b>Submit Form:</b>		You must complete this Form On-Line. Hand written Forms will be rejected. Email the entire package to: OLMforms@uchc.edu					
Requester's Name:					Title:		
Department:							
Phone Number:					Fax Number:		
Room Number:					Mail Code:		
Email Address:							
Hospital/Clinical Unit Only:		<input type="checkbox"/> In-Patient		<input type="checkbox"/> Out-Patient		<input type="checkbox"/> Other:	
Newly Authorized User				Title:			
Telephone #:				Fax #:		Room #	
Mail Code:		Signature:				Date:	
Special Instructions:							
Authorized By:					Title:		
Authorized Signature:		_____ I. Department Head  _____ Typed Name - Mandatory			Date:		
					Telephone #:		
					Fax #:		
Request:		<input type="checkbox"/> Update account information (e.g., Expiration Date, Ship-To Location) <input type="checkbox"/> Add new user and following accounts <input type="checkbox"/> Delete following accounts     Add Special Requests Access <input type="checkbox"/> Add following accounts <input type="checkbox"/> Delete user and associated accounts     Add Dental Access					
<b>Authorized for Accounts:</b>							
Ship-To #	Ship-To Location	FY	Fund	Org	Program	Expiration Date	
<b>For Logistics Management Use Only:</b>							
Signatures:				Date:		Date:	
_____ 1. Authorized Logistics Management Signature				_____ 2. OLM Financial Officer		_____ 	
Typed Name - Mandatory				Typed Name - Mandatory			