### Directions

1. Populate the fields below for Business Area, Department Name and Secretary Name in the first table and the Security Liaison’s Name and put an ‘ X ‘ in the appropriate column for Adding, Removing, or Keeping Access.
2. Print this document.
3. Obtain Department Secretary signature.
4. Scan and Email the signed document to [aasissecurity@dfa.arkansas.gov](mailto:aasissecurity@dfa.arkansas.gov)

### AASIS Security Liaison Authorization

|  |  |
| --- | --- |
| Business Area: |  |
|  |  |
| Department Name: |  |
|  |  |
| Secretary Name: |  |
|  |  |

I hereby authorize the employees listed below to act on behalf of the above Business Area in all matters regarding security authorizations in the AASIS System.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary Signature / Date

*Please fill out the below as necessary and ensure that you add the existing liaison’s as well:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Add | Remove | Keep |
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