CFBHN System Access Deactivation Form

Please use this form to deactivate access to CFBHN systems.

EMPLOYEE BUSINESS INFORMATION

First Name:_____ Last Name:_____

Provider Name:_____

REQUESTED DATABASE SYSTEM ACCESS

☐	SharePoint Portal Access
☐	916 System Access
☐	HDS System Access

ACTION REQUESTED

☑	Deactivate User

AUTHORIZATION SIGNATURES

Requestor's Signature:_____ Signature Date:_____

COMMENTS

A. This form can be faxed to 813-740-4821 Attn: Request Access, or emailed to requestaccess@cfbhn.org.

B. Must be submitted to CFBHN within 1 business day of receiving the form.