

◆ **Authorization for Access**

For your security protection, and to keep our information current, please fill in as indicated, and return this form to Media Services. Please retain a copy of this form for your files, and advise Media Services of any changes that may occur.

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

PRINTED NAME	SIGNATURE

Emergency Contact:

\_\_\_\_\_

Authorized Representative

Business Phone

Home Phone  
(emergency use only)

The above named persons are hereby authorized to access all records stored on our behalf by Media Services, LLC until written notice to the contrary is received. I certify that this user requires access as requested in the performance of his/her job function.

Authorized Signature, Title

Date