

Texas Department of Agriculture



Security Authority for User Access Manager

IMPORTANT: Users must log in to TX-UNPS every 120 days or their account will be inactivated. If a user's account is inactivated, a new form must be submitted to TDA

	MPORTANT: Users must log in to TX-UNPS every 120 days or their account will be inactivated. If a user's account is inactivated, a new form must be submitted to TDA.							
A	¹ CONTRACTING ENTITY (CE) INFORMATION							
SECTION	^{a.} Legal Name of Organization							
CT	^{b.} DBA Name	c						
SE	DBA manie	^{c.} CE ID						
	¹ DELEGATION OF SECURITY AUTHORITY							
	^a TDA considers the User Access Manager to be the Highest Official within the Contracting Entity such as the Superintendent, President Board, Chief Financial Officer, etc. The Highest Official does have the option to delegate the User Access Manager responsibility to another employee of the entity. The other employee must not be a temporary employee or contractor.							
	Is the Highest Official delegating the User Access Manager respon	nsibility to another	employee (user)?	ES 🗌 NO				
	If yes, provide the name of the delegated user (item b.) and user must acknowledge the responsibility by signing the certification below (item c.)							
SECTION B	^{b.} Printed Full Name of Delegated User							
	 ^c Signature of Delegated User The representative designated above acknowledges that he/she is authorized on behalf of the contracting organization and agrees to the following responsibilities as the User Access Manager within Texas Unified Nutrition Programs System (TXUNPS): I understand the different security group roles/responsibilities outlined in the <u>User Access Manager Handbook Guide</u>; I understand my responsibilities as it relates to security management and designation of security groups and will follow the requirements, guidelines, and policies as outlined in the User Access Manager Handbook Guide; I will not disclose information that is considered confidential under TDA policy and understand that User IDs and passwords are specific to the individual and will not be shared; I will use the records and information resources only for purposes that are allowed by the owner and TDA and will maintain all documentation 							
	required.							
		Date (m/d/yy)						
7)	¹ ACTION REQUESTED (Information should be of user assi	igned as User Acce	ss Manager)					
SEC C	ADD NEW USER MODIFY EXISTING USER	REMOVAL						
S	Complete Sections D, F, & G	Complete Sections D &	G	Complete Sections E & G				
	¹ USER INFORMATION (Information should be of user assi	oned as User Acce	ss Manager)					
SECTION D	a. First Name (Legal names only, no nicknames authorized) b. Middle Initial c. Last Name							
	^{d.} Title	Pr ID (if modifying an existing user)						
	f. Business E-mail (Login information will be emailed to this addr	^{h.} Extension						
	^{i.} Update User Information – Type of Change Requested:] Name 🔲 Ti	tle 🗌 Business E-mail	Business Phone				
	¹ REMOVAL OF AN EXISTING USER (INACTIVATION)							
E		· Middle Initial	^{c.} Last Name					
NOL	rn se traine (Legai names omy, no meknames autionzed)		L'AST IVAIIIC					
SECTION	^{d.} Title	^{e.} TX-UNPS User ID						

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

	^{1.} TX-UNPS SECURITY GROUP TYPE (Entity must be participating in the Program.)										
SECTION F	^{a.} School Nutrition Program (SNP)	Add	Remove		and Adult Care Food Program		ogram	Add	Remove		
	School Nutrition Program SNP CE Application SNP CE Claims SNP CE Compliance SNP CE Read Only TX Eligibility List Management System ELMS CE Admin				P Centers ACFP Center CE Applic ACFP Center CE Claims ACFP CE Compliance ACFP Center CE Read C	Centers P Center CE Applicatn P Center CE Claims					
	Food Service Management Company (FSMC) Representative FSMC Rep				ACFP DCH CE Applicat ACFP DCH CE Claims ACFP CE Compliance	FP DCH CE Application FP DCH CE Claims					
	MENU MENU CE Support Admin MENU CE Support Staff				Distribution Progra	am (Fl	DP)	Add	Remove		
	^{c.} Summer Food Service Program (SFSP)	Add	Remove		SLP / SFSP						
	Summer Food Service Program				TEFAP CE						
	SFSP CE Application				/ SFMNP CE						
	SFSP CE Claims SFSP CE Compliance										
	SFSP CE Read Only										
	¹ APPROVAL SIGNATURE (To be comple	tad hav th	a Uiahaat (Official)						_	
D NOIL	As an authorized representative of the contracting organization, I acknowledge I am assigned as the User Access Manager and, if so choose, have designated the above representative to manage the security roles/groups of our users. I recognize that I am responsible for the management of security and understand all requirements, guidelines, responsibilities and policies as outlined in the User Access Manager Handbook Guide. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal laws. I will not disclose information that is considered confidential under TDA policy and understand that User IDs and passwords are specific to the individual and will not be shared. I will use the records and information resources only for purposed that are allowed by the owner and TDA and understand it is our responsibility to maintain all documentation required. a Printed Full Name of Highest Official in the Contracting Entity (ex: Superintendent, President of Board, etc.) (no nicknames) b Signature of Highest Official in the Contracting Entity										
	¹ TDA INTERNAL USE ONLY										
						Date	Date (m/d/yy)				
H	Action Completed: Created] Mod	lified	Pe	rsonal Data Updated		🗌 In	activate	d		
SECTION H	User Information:										
	Notes:				Security Admin	Security Administrator:					
					Date (m/d/yy):						
	Return for Correction Reason:			Security Admin	Security Administrator:						
		Date (m/d/yy):									
Please mail, email or fax this form to:Texas Department of Agriculture, Food and Nutrition DivisionP.O. Box 12847 Austin, TX 78711											

Email: TDAUAM@TexasAgriculture.gov

form to:

Fax No.: 888-203-6593