



COMMISSIONER SID MILLER

Texas Department of Agriculture
Security Authority for User Access Manager

FND-135

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.

SECTION A: CONTRACTING ENTITY (CE) INFORMATION
a. Legal Name of Organization
b. DBA Name
c. CE ID

SECTION B: DELEGATION OF SECURITY AUTHORITY
a. TDA considers the User Access Manager to be the Highest Official within the Contracting Entity...
Is the Highest Official delegating the User Access Manager responsibility to another employee (user)?
b. Printed Full Name of Delegated User
c. Signature of Delegated User
Date (m/d/yy)

SEC C: ACTION REQUESTED (Information should be of user assigned as User Access Manager)
ADD NEW USER, MODIFY EXISTING USER, UPDATE USER INFORMATION, REMOVAL

SECTION D: USER INFORMATION (Information should be of user assigned as User Access Manager)
a. First Name, Middle Initial, Last Name
d. Title, TX-UNPS User ID
f. Business E-mail, Business Phone, Extension
i. Update User Information - Type of Change Requested

SECTION E: REMOVAL OF AN EXISTING USER (INACTIVATION)
a. First Name, Middle Initial, Last Name
d. Title, 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.

¹ TX-UNPS SECURITY GROUP TYPE (Entity must be participating in the Program.)					
SECTION F	a. School Nutrition Program (SNP)		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		<input type="checkbox"/>	<input type="checkbox"/>	
	Food Service Management Company (FSMC) Representative FSMC Rep		<input type="checkbox"/>	<input type="checkbox"/>	
	MENU MENU CE Support Admin MENU CE Support Staff		<input type="checkbox"/>	<input type="checkbox"/>	
	c. Summer Food Service Program (SFSP)		Add	Remove	
Summer Food Service Program SFSP CE Application SFSP CE Claims SFSP CE Compliance SFSP CE Read Only		<input type="checkbox"/>	<input type="checkbox"/>		
b. Child and Adult Care Food Program (CACFP)		Add	Remove		
CACFP Centers CACFP Center CE Applicatn CACFP Center CE Claims CACFP CE Compliance CACFP Center CE Read Only		<input type="checkbox"/>	<input type="checkbox"/>		
CACFP Day Care Homes (DCH) CACFP DCH CE Application CACFP DCH CE Claims CACFP CE Compliance CACFP DCH CE Read Only		<input type="checkbox"/>	<input type="checkbox"/>		
d. Food Distribution Program (FDP)		Add	Remove		
FDP NSLP / SFSP		<input type="checkbox"/>	<input type="checkbox"/>		
FDP Direct Ship School		<input type="checkbox"/>	<input type="checkbox"/>		
CSFP / TEFAP CE		<input type="checkbox"/>	<input type="checkbox"/>		
FMNP / SFMNP CE		<input type="checkbox"/>	<input type="checkbox"/>		

¹ APPROVAL SIGNATURE (To be completed by the Highest Official.)	
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	Date (m/d/yy)

¹ TDA INTERNAL USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature – F&N Representative	Date (m/d/yy)
Action Completed: <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Personal Data Updated <input type="checkbox"/> Inactivated		
User Information:		
Notes:		Security Administrator:
		Date (m/d/yy):
Return for Correction Reason:		Security Administrator:
		Date (m/d/yy):

<p>Please mail, email or fax this form to:</p>	<p>Texas Department of Agriculture, Food and Nutrition Division P.O. Box 12847 Austin, TX 78711 Email: TDAUAM@TexasAgriculture.gov Fax No.: 888-203-6593</p>
---	--