

Maryland State Department of Education
Division of Rehabilitation Services
AWARE™ Staff Security Change Request

To be completed by Regional Director/Program Manager in support of security setting change for an existing AWARE™ User. Submit completed form to Office Director. Approved changes will be forwarded to the AWARE™ Staff Specialist for implementation. (**WTC Staff:** requests for increase in AWARE™ access shall be forwarded through supervisory channels to the Assistant Director, Administration for forms and procedures.)

- ☐ Office of Field Services: ☐ Central Office ☐ Region: _____
☐ Office for Blindness & Vision Services
☐ Office of the Director
☐ Office of Administration & Fiscal Services

Supervisor/Manager Submitting Request: _____
Staff Member Needing Change: _____
Staff Member Position: _____ Effective Date: _____

Reason the change is requested:

FOR OFFICE DIRECTOR USE ONLY

☐ Approved

☐ Denied

Reason for denial:

Office Director: _____

FOR AWARE™ Staff Specialist or Designee Use

Date change entered in AWARE™: _____
Security Template Assigned: _____

AWARE™ Staff Specialist or Designee: _____