



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Child Nutrition Services
 Old Capitol Building, PO BOX 47200
 Olympia, WA 98504-7200
 (360) 725-6200 TTY (360) 664-3631

CO	DIST

User Authorization for USDA Foods Ordering

New
 Update

Complete and return to Child Nutrition Services (CNS) the following form if this is a NEW or UPDATED user request.

Local Education Agency Name: _____

I understand that the use of the user name and password to access the OSPI Child Nutrition Services Web site is equivalent to an original signature for purposes of official documentation.

By using the user name and password, I certify that the information transmitted is complete and accurate per federal regulations 7 CFR 210, 225, and 250.

I accept responsibility to maintain the integrity of the user name and password. If the user name and password is assigned to another individual, **I understand that I will be responsible for the content of the information transmitted to OSPI Child Nutrition Services.**

If I believe that my user name and password have been compromised, I will notify OSPI Child Nutrition Services immediately and be assigned a new password.

If the ultimate responsibility for submitting USDA Foods ordering is no longer mine, I will notify OSPI to terminate my access.

PRINT USER NAME AND TITLE _____			E-MAIL ADDRESS _____			PHONE _____			Assigned Responsibility		
SIGNATURE _____			DATE _____			FAX _____			<input type="checkbox"/> Order USDA Foods		
									<input type="checkbox"/> View Only		
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.											
Printed Name of Designated Official _____						Title _____			Phone Number _____		
Signature of Designated Official _____						Date _____					

Only use this section if you are designating a Food Service Management Company (FSMC) representative to order USDA Foods on your behalf.											
Name of Contracted Food Service Management Company Contact _____									Assigned Responsibility		
PRINT NAME AND TITLE _____			E-MAIL ADDRESS _____			PHONE _____			<input type="checkbox"/> Order USDA Food products		
SIGNATURE OF FSMC REPRESENTATIVE _____			DATE _____			FAX _____			<input type="checkbox"/> View Only		
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.											
Printed Name of Designated Official _____						Title _____			Phone Number _____		
Signature of Designated Official _____						Date _____					

TERMINATION OF ACCESS

Terminate: _____ Date _____
Name of person who's access will be terminated

Requested by: _____ Date _____
Name of person authorizing USDA Foods access termination

Return to: Office of Superintendent of Public Instruction, Child Nutrition Services, Old Capitol Building, PO BOX 47211, OLYMPIA WA 98504-7211 or Fax 360-664-9397