

**Records Report System
State of Hawaii**

Login Request Form

Part A (agency). Please type.

1. Action type (check one): ___ ADD Login ___ CHANGE Info ___ DELETE Login
2. **Name** (First/ MI/ Last): _____ Title: _____
3. **Department/Division:** _____
4. Telephone: _____
5. Fax: _____
6. Email: _____
7. Password (can be created by user at first login)

Agency user will have the following access:

Add/Edit department records (authority to ADD, EDIT, and DELETE department records).

Completion validation (authority to validate record report content by setting the department's record status to "completed," making record available for public access).

Lawsuit input (authority to enter data related to the annual number of UIPA lawsuits filed against this department).

Department approval (by supervisor or IT coordinator):

8. Name of supervisor or IT coordinator: _____ Title: _____
9. Department/Division: _____
10. Telephone: _____
11. Fax: _____
12. Email: _____
13. Supervisor or IT coordinator's **signature:** _____ Date: _____

Part B (OIP). For internal use only by OIP/RRS Admin.

Login sequence number: _____

Login ID: _____

Temporary password: _____

Initials: _____

Signature: _____

Comments:

Agency notified:

Initials: _____

Date: _____

Send by mail, e-mail, fax, or State messenger to: **Office of Information Practices
No. 1 Capitol District Building
250 S. Hotel St., Suite 107
Honolulu, HI 96813
E-mail: oip@hawaii.gov
Fax: (808) 586-1412**