Rev. 11/01/2016

STATEWIDE VITAL RECORDS INFORMATION SYSTEM (SVRIS) LVRO ACCESS REQUEST

If you need assistance, please contact the Wisconsin Help Desk at helpdesk@wi.gov or by phone at 866-335-2180. **Fax completed request to 608-261-4972 or email to DHSSVRISAdmin@dhs.wisconsin.gov**.

Note: SVRO will notify you that your request for access has been activated.

SECTION I – USER INFORMATION									
Last Name		F	irst Name			M.I	Title and Credentials		
County or City	Lloolth Office	Work Tolonbone	a No		L Email Ad	draga			
County or City	nealth Office	Work Telephone	e NO.	ext	Email Ad	uiess			
SECTION II – REQUEST TYPE									
Check appropriate box(es): New SVRIS User - Create a new account Add SVRIS Role Delete a SVRIS User - Enter user's name in Section I above User's Name Change - Enter former name: (Indicate new name in Section I above) Enter user name (DOA/Wisconsin logon ID created at https://register.wisconsin.gov):									
SECTION III – SVRIS ROLES									
Admin	Add role Delete role Functions: Search and view racceptance, update tables and						ords by jurisdiction, marriage and death record in reports.		
County SWI	Add role	Delete role		Functions: Create, view, update, search & complete CAS records, issue birth, death, marriage and divorce certificates statewide, request birth record updates and additions.					
City SWI	Add role	Delete role		Functions: Create, view, update, search & complete CAS records, issue birth and death certificates statewide, request birth record updates and additions.					
Marriage	Add role Delete role Functions: Search, view, and accept marriage records, scan & review scans.								
SECTION IV – SUPERVISOR INFORMATION									
Print Name:	Telephone No.								
Signature:					() ext				
SECTION V – CONFIDENTIALITY AGREEMENT									
Access to SVRIS is governed by Wis. Stats.ch. 69 and DHS Administrative Code 142. This request shall be signed by each user within the abovenamed business entity as a condition for authorized use of SVRIS. Users are required to accept the terms and conditions set forth in this request. The employing agency agrees that, upon termination of an employee, the agency will immediately notify the State Vital Records Office by submitting the Access Request to deactivate the individual's account. 1. Your account is to be used only by you for official purposes related to your statutory role in the Wisconsin Vital Records program. 2. You agree to abide by all applicable federal and state laws and policies regarding confidentiality of Wisconsin Vital Records data. 3. You agree to respect the confidentiality and privacy of individuals whose records or data you access and to protect confidential information displayed from your workstation monitor and/or printed from SVRIS. 4. You understand and acknowledge that SVRIS is only to be accessed by authorized users. You agree to protect the confidentiality of your password and user name. As an authorized user, you will not cause or permit anyone, other than yourself, to access the SVRIS by use of your user name and password. Sharing a user account exposes the logged-in user to liability for all activities done under that user's account. Any user found sharing his/her account with another individual may have his/her account deactivated immediately.									
Print Name:									
Signature: Date:									
SECTION VI – SVRO USE ONLY									
Completed Required Web-based Training Process				by:			Date processed :		