ADA Portal Label User Request

Please complete the attached form and fax to the ADA IT group at (212) 343-2504. Users will be notified via e-mail once each account is established.

The ADA portal provides a single point of access to ADA information for our label partners. As the portal is fully customizable by user we will require that individuals using the system have their own unique user id and password. Please identify each user requiring access on the attached form and return to ADA.

Security

ADA will be implementing a verification scheme to automatically re-validate users via the e-mail address provided on this form. On a monthly basis an email message will be generated and sent to each user containing a link to re-validate the account. If the message is not validated within a week the account will be de-activated. However, the user will still be able to validate and re-activate the account through the e-mail for 4 weeks. After this time the account will be permanently disabled and a new label user request will be required to re-establish the user.
For this reason we ask that you only use a company e-mail account. Should it be impossible to provide a company account the user can be created using a personal e-mail address, however it would be possible for a user to re-validate their access after termination of employment.

User Id

Complete this field to request a specific user id on the ADA portal, should the requested id not be available a unique id will be created and the user will be notified of the id via the activation message.

Address/Phone

Please enter the full business address.

Password

Complete this field to request a specific password. If left blank a password will be generated and the user will be notified of the password via the activation message. Password must be 6 characters and include at least 1 numeric.

e-mail address

A valid e-mail address for the user. Please see the note on security above. This is a required field and no account can be created without an e-mail address.

Sub Label

For label groups with more than one sub label it is possible to limit access for a user to a specific sub label. Please complete this field only if the user's access should be restricted.

ADA Portal Label User Request

To: ADA IT Group
Fax: (212) 625-6444

LABEL

Label:	
Address City, State, Zip:	
Phone:	
Date:	
Requested by:	

USER 1 Additional Access: Digital Inspector Dollars ___   New Release System ___

Employee Name:			
Address (if different):			
Phone:		Fax:	
User Id:		Password:	
e-mail address:			
Sub-label:			

USER 2 Additional Access: Digital Inspector Dollars ___   New Release System ___

Employee Name:			
Address (if different):			
Phone:		Fax:	
User Id:		Password:	
e-mail address:			
Sub-label:			

USER 3 Additional Access: Digital Inspector Dollars ___   New Release System ___

Employee Name:			
Address (if different):			
Phone:		Fax:	
User Id:		Password:	
e-mail address:			
Sub-label:			

continue on new form

I authorize ADA to grant access to the ADA information portal to the above users. I agree to notify ADA immediately of termination of employment of any user and will not hold ADA responsible for misuse of confidential data by any user id requested here.

Signed:_____ **Title**: _____ **Date**: _____