



MOVE-IT Web Site Authorization Form

Application and Authorization for Secure File Transfer System

Complete this form to request access to use the automated Secure File Transfer System, to change authorization for the system, or to inactivate (*i.e., cancel*) authorization for the system. "You" refers to the employee who is completing the form.

By submitting and signing this application, you agree to the following:

1. You agree that use of your password in connection with any transaction or submission in the automated Secure File Transfer System constitutes your signature, with all the legal effect of any other signature by you. Entering your password has the same effect as signing your name.
2. You agree to keep the password that you are assigned confidential and secure at all times. You agree not to disclose your password to another person or to allow another person to use your password.

Effective Date						
Check Status	New	Change	Inactive			
User Type (Role): Check Applicable			Regular User		Admin	
User Information			User File Permissions		Check Applicable Rights	
Last Name			READ			
First Name			WRITE			
Agency or PE			DELETE			
Agency/Private Entity mailing address			LIST (Folder Content)			
			Notify			
			Creditor Point of Contact (POC) Signature			
Phone						
Email						
User Signature			POC Printed Name			
			Date			

List Your Creditor Shortname(s)

For Official CCU use only: List Applicable Folders and Sub Folders

Please return form to: CCU.Information@maryland.gov

NOTE: Each agency user will only have access to their agency files. Each individual designated as a user for the agency will have all file permissions and access to all of their agency's subfolders. We cannot distinguish or limit permissions and access per individual user per agency at this time.

A staff member of the Department of Information Technology will email you with your temporary password (this may take a week or so).

For Official CCU use only:

CCU Authorization Signature		Date Created	
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