

## MOVE-IT Web Site Authorization

### 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 as follows:

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.

<b>Check One:</b>		<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>CHANGE</b>	<input type="checkbox"/> <b>INACTIVATE</b>
Effective Date:				
<b>USER INFORMATION:</b>		<b>User File Permissions</b>		<b>Check applicable rights</b>
Last name:		Read		
First name:		Write		
Agency or Private Entity:		Delete		
Agency or Private Entity Mailing Address:		List		
		Notify		
Phone:		<b>List Applicable Group/Groups</b>		
Email:				
Signature:		<b>List Applicable Folders</b>		
<b>User Type (Role):</b>		All subfolders per agency:		
<b>Regular User</b>				

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 limited permissions and access per individual user per agency at this time.

Approved By: \_\_\_\_\_

Please return signed form to: [Gowri.Ramanolla@maryland.gov](mailto:Gowri.Ramanolla@maryland.gov)

**Questions please call, Gowri Ramanolla at (410) 767-9715**

## **MOVE-IT Web Site Authorization**

A staff member of the Department of Information Technology will email you with your temporary password.

Approved By: \_\_\_\_\_

Please return signed form to: [Gowri.Ramanolla@maryland.gov](mailto:Gowri.Ramanolla@maryland.gov)

**Questions please call, Gowri Ramanolla at (410) 767-9715**