



Client Authorization List

Client # _____ Client Name _____

Client primary Address: _____

Client Primary Contact _____

Primary Contact Telephone# (____) _____

Primary Contact Fax# (____) _____

The following individuals have access to records/data managed by Guardian Records Management as indicated by the Level* assigned to each person. Web access authorization only to those individuals indicated.

Contact Name	Level*	Password	Phone Number	Email Address	Web

***AUTHORIZATION LEVELS**

- Level 1** Authorized to request normal services
- Level 2** Authorized to request Rush Deliveries
- Level 3** Authorized to Change List, destruction

_____ **voids all previous authorizations**
 _____ **For a new client set-up**

_____ **Add user(s) to current listing**
 _____ **Remove user(s) from current listing**

Primary Contact Signature: _____ Date: _____