



FSA ACCESS FORM TO MOHELA SYSTEMS

FSA client representative who accesses MOHELA’s data and/or resources must read, sign, and agree to this statement. A copy of the signed MOHELA User Access Statement must be completed and submitted to MOHELA.

A MOHELA authorized user understands that the information provided to him or her is protected by the Privacy Act of 1974 as amended, USA Patriot Act, and reuse or redisclosure may be restricted in accordance with the Gramm-Leach-Bliley Act. Protecting this information, once it is entrusted to the user, becomes his or her responsibility. Therefore, the user agrees to protect the privacy of all information that has been provided to him or her and will adhere to all requirements as set forth by the National Institute of Standards and Technology (NIST), as applicable. The user understands that any person, including him or herself, who knowingly and willfully requests or obtains any record under false pretenses, shall be subject to applicable federal and state fines and penalties.

Action requested (check applicable box):

- ☐ New User Access ☐ Change Request Access ☐ Renew Access ☐ Deactivate User

Effective Date: \_\_\_\_\_

If this is a deactivation request, please provide the reason: \_\_\_\_\_

Check all that apply:

- ☐ Image Retrieval ☐ Servicing System Access ☐ Recorded Call Monitoring
☐ File Retrieval ☐ Web Account Access ☐ Live Call Monitoring

By signing below, I certify that I have read and will comply with the MOHELA User requirements listed above.

User Information:

User’s Name (print): \_\_\_\_\_ User Work Phone Number: \_\_\_\_\_

User’s Job Title: \_\_\_\_\_ User’s Work emailaddress: \_\_\_\_\_

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Information/Approval:

Supervisor’s Name (print): \_\_\_\_\_ Supervisor’s Work Telephone Number: \_\_\_\_\_

Supervisor’s Job Title: \_\_\_\_\_ Supervisor’s Work email address: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(All fields must be completed or the form will be returned.)

Send form to:

FSA System Security Officer
Attention: Greg Plenty
UCP – 43G1
Email: Gregory.plenty@ed.gov
Phone: 202.377.3253

FSA SSO Authorizing Official (print): \_\_\_\_\_ MOHELA Authorizing Official (print): \_\_\_\_\_

FSA SSO Authorizing Signature: \_\_\_\_\_ MOHELA Authorizing Signature: \_\_\_\_\_

Authorized Signature Date: \_\_\_\_\_ Authorized Signature Date: \_\_\_\_\_

MOHELA CONFIDENTIAL & PROPRIETARY

This information shall not be disclosed - in whole or in part - outside the organization without the prior written permission of MOHELA. Further, this information shall only be disclosed with MOHELA personnel who require access to this information.