## WA-APCD Enclave User Access Request

Data Recipient Enclave Administrators: Use this form to authorize a person, the “Enclave User,” to access the WA-APCD Analytic Enclave and WA-APCD Data on your organization’s behalf. The Enclave Administrator shall complete the background information required below, sign the request, and return it to the Lead Organization via email ([apcd@hca.wa.gov](mailto:apcd@hca.wa.gov)).

**In signing this request, I affirm that I am the authorized Enclave Administrator for the Data Recipient organization listed below and that I have done the following:**

* Verified that the user for whom I am requesting access is listed by name as an Authorized Data User in Attachment 3 of my organization’s WA-APCD Data Use Agreement.
* Called this person to verify the information below in the “Enclave User” table.

**Please grant login access to this user for our organization’s Analytic Enclave subscription.**

Complete the following:

## Enclave Data Administrator

**(Person who has been authorized by Data Recipient organization to manage access for Enclave users)**

|  |  |
| --- | --- |
| Data Recipient Organization Name |  |
| Name of Enclave Administrator |  |
| Title |  |
| Street Address |  |
| City |  |
| State |  |
| ZIP Code |  |
| Office Telephone |  |
| Email Address |  |
| Signature |  |
| Signature Date |  |

## Enclave User

**(Person who is being authorized to access the WA-APCD Enclave and Data. All fields are required to complete the Enclave multi-factor authentication process)**

|  |  |
| --- | --- |
| Enclave User Organization Name |  |
| Name of Enclave User |  |
| Title |  |
| Street Address |  |
| City |  |
| State |  |
| ZIP Code |  |
| Office Telephone |  |
| Email Address |  |
| Employment Start Date (MM/YYYY) |  |
| Cell Phone (used only for WA-APCD Enclave authentication process) |  |