



MARYLAND Department of Health

Developmental Disabilities Administration PCIS2 User Termination Request Form

INSTRUCTIONS:

- Please complete and return original to:
DDA SERVICE DESK
 201 W. Preston Street, #420 H
 Baltimore, Maryland 21201
E-mail: Servicedesk.dda@maryland.gov
 Call: 410-767-0747 if you have any question.
- Your Agency's Director or CEO signatures is required

Type of User

DDA HEADQUARTERS:	
DDA REGIONAL OFFICE:	
PROVIDER AGENCY:	
CCS PROVIDER AGENCY:	

Organization

ORGANIZATION NAME:	
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User Name

FIRST NAME:																			
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LAST NAME:																			
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Reason For Terminating User Role and Password:

Termination Requested By**Date****Approved by Organization Director or CEO****Date****DDA Administrative Officer for Information Systems****Termination Date**