



MARYLAND

Department of Health

Developmental Disabilities Administration

PCIS2 User Termination Request Form

INSTRUCTIONS:

1. 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.
2. 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:	
-----------------------	--

User Name

FIRST NAME: _____

LAST NAME: _____

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