



# VAC TRAK

## Add/Modify User Form

Organization Name:		Facility Name & PIN:
User Information: check here if modifying an existing user		Access Level
First Name		View User
Middle Initial		Edit User
Last Name		Lot Manager <small>(private vaccine stock only)</small>
Credentials		Coordinator: AVAP    COVID    VFC <small>Check all that apply</small>
Email		Add
Phone		Remove

User Information: check here if modifying an existing user		Access Level
First Name		View User
Middle Initial		Edit User
Last Name		Lot Manager <small>(private vaccine stock only)</small>
Credentials		Coordinator: AVAP    COVID    VFC <small>Check all that apply</small>
Email		Add
Phone		Remove

I have read the VacTrAK Contract terms and I am authorizing the above changes to be made on behalf of this organization/facility.

VacTrAK Administrator Name  
(if unknown, contact VacTrAK for the Administrator for your facility)

Date:

VacTrAK Administrator Signature:

Click Submit button to email this form to VacTrAK

Any Additional Comments: