

**NACCRRA DATA SERVICES**  
**STATE SERVER SECURITY LEVEL USER AUTHORIZATION**

Agreement Date \_\_\_\_\_

I, \_\_\_\_\_, representative of \_\_\_\_\_,  
(Name) (Agency Name)

grant access to the aggregate data of our CCR&R agency, NACCRRAware Agency ID

\_\_\_\_\_, through the use of a state server user ID on the hosted solution  
(Agency ID)

server to \_\_\_\_\_  
(Agency/State Network Name)

for the following NDS applications (check all that apply):

- \_\_\_ **NACCRRAware**
- \_\_\_ **Training Tracking**
- \_\_\_ **Technical Assistance Management**

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Please fax signed form to:

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Director of Application Development  
NACCRRA  
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Phone (703) 341-4113  
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