

**Indiana Disordered Gambling Services
WITS Access Request**

This form should be completed for additions, permission level change or removal of access.

Agency Name:
Form Completed By:

Action Needed

Add Access		Change Permission Level		Remove Access	
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Name of Staff:	
Staff Phone Number:	Extension:
Email Address:	
Facility Location:	
Senior Manager Name:	
Senior Manager Email:	

Please select at least one permission

Data Entry		Release to Billing		Remove Access		Rendering Staff/No Access	
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Signature of Senior Manager	Date:
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Return Completed Form To

Larry Long
Indiana Family & Social Service Administration/Division of Mental Health & Addiction
john.long@fssa.in.gov

