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|  | CHIEF PROCUREMENT OFFICE **ILLINOIS PROCUREMENT GATEWAY REQUEST FOR ACCESS** |

New User  Modify User  Deactivate User Reason for Deactivate or Modify

I,       (employee name) require access to the Illinois Procurement Gateway (IPG) in order to perform my official duties as they relate to procurement on behalf of       (Agency/University name). I hereby acknowledge that the IPG contains social security numbers, tax information, and other information that is confidential in nature and cannot be used for any purpose other than those required in the performance of my official duties. I further agree that, upon termination of my employment, I shall not retain copies, notes or abstracts of the forgoing. I acknowledge that I am bound by the Identity Protection Act, 5 ILCS 179/1 *et. seq.*, and by my Agency’s Identity Protection Policy established pursuant to the Identity Protection Act. I further acknowledge that improper dissemination of confidential information contained in the IPG may subject me to discipline, up to and including discharge, and may potentially subject me to criminal liability.

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| --- | --- |
| Employee Signature: | Date: |
| Title: | Bureau/Department: |
| Street Address: | City: |
| Zip Code: |  |
| Phone #: | Fax #: |
| Email Address: |  |

(Signature) (Date)

(Printed Name)

**Agency Head / University Purchasing Director**

(Designee must have signature authority on file with IPG office)

(Signature) (Date)

(Printed Name)

**Chief Procurement Officer or Designee**

(Designee must have signature authority on file with IPG office)

***NOTE: Inactivity in the IPG System of one year or more will result in automatic deactivation. A new form will be required to reactivate user's access.***

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| **Return completed form to:** | **Chief Procurement Office**  **Attn: Illinois Procurement Gateway**  **513 Stratton Office Building, Springfield, IL 62706**  **Email:** [**eec.ipg@illinois.gov**](mailto:eec.ipg@illinois.gov) |

IPG Admin Use Only

Access as:  View Only  Reviewer  Administrator User Deactivated:

(Signature) (Date)

(Printed Name)

(IPG Administrator)

Rev.12-2016 IPG Request for Access V.3