# GAPS PRODUCTION SYSTEM
## EXTERNAL USER ACCESS REQUEST FORM

Organization Name:

**SECTION I:**        **DUNS No.**                **Tax ID No.**                        **EIN No.**

Is this user a Servicer?        Yes        No (Mark only one with an "X")

> If you checked "Yes" above for a Service, please give the Servicer address and phone number.
>
> Address:
>
>
>
> Phone:

**SECTION II:**        User Name:                                                DOB:
                      (Last)        (First)              (MI)                (for verification purpose only)

User Signature:                                Telephone No:

Internet Address:
                              (Official address for ED electronic correspondence)

User's E-mail:

User's Social Security Number:
(Social Security Number on this form is voluntary, but failure to do so may result in being denied access to GAPS.  Social Security Number will only be for verification purpose.)

**SECTION III:**    **USER ACKNOWLEDGMENT AND ACCEPTANCE OF RESPONSIBILITIES:**
a)   Know the sensitivity of the information processed in GAPS which is financially sensitive and privacy sensitive.
b)   Protect sensitive information form access by, or disclosure to unauthorized personnel.
c)   Create and use a combination of alphanumeric character passwords and do not disclose your password to anyone.

**SECTION IV:**    **AUTHORIZATION:**

Authorize by:                                Title:

Signature:                                    Date:

Telephone Number: