**Records Report System**

**State of Hawaii**

**Login Request Form**

**Part A (agency). *Please type.***

1. Action type (check one): \_\_\_\_ ADD Login \_\_\_\_ CHANGE Info \_\_\_\_ DELETE Login

1. **Name** (First/ MI/ Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Department/Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Password (can be created by user at first login)

***Agency user will have the following access:***

**Add/Edit department records** (authority to ADD, EDIT, and DELETE department records).

**Completion validation** (authority to validate record report content by setting the department's record status to "completed," making record available for public access).

**Lawsuit input** (authority to enter data related to the annual number of UIPA lawsuits filed against this department).

***Department approval (by supervisor or DP coordinator):***

1. Name of supervisor or DP coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_
2. Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Supervisor or DP coordinator's **signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Part B (OIP). *For internal use only by OIP/RRS Admin.***

**Login sequence number: \_\_\_\_\_\_\_**

**Login ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temporary password:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency notified:**

**Initials:** \_\_\_\_\_ **Initials: \_\_\_\_\_**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Send by mail, e-mail, fax, or State messenger to: Office of Information Practices**

 **No. 1 Capitol District Building**

 **250 S. Hotel St., Suite 107**

 **Honolulu, HI 96813
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 **Fax: (808) 586-1412**