



Client Authorization Form

Account [Select One] AD000567 Emory University AD000699 Emory Healthcare

Grant Access to Department 1 [Six-Digit Code and Name] _____

Grant Access to Department 2 [Six-Digit Code and Name] _____

Grant Access to Department 3 [Six-Digit Code and Name] _____

Completed by _____

Email _____

Phone _____

Date _____

The following faculty/staff are authorized to access records stored off-site by the above department.

First and Last Name	Phone Number	Email Address

Email the completed form to avannuc@emory.edu.

For Use by Records Manager Only

Added to FileBridge
 Added to off-site listserv
 Sent FileBridge credentials