

**Authorized Agent(s) for VISION System Operator Access Request**

E-mail: [FIN.VisionSecurity@vermont.gov](mailto:FIN.VisionSecurity@vermont.gov)  
 Phone: (802) 828-6700 Option 2, Option 1

**Purpose:** For departments to identify Authorized Agent(s) for submission of the VISION System Operator Access Request Form. Authorization expires at the end of each fiscal year and must be renewed annually.

**Instructions:** Enter the name and e-mail address of individuals who are authorized to submit the VISION System Operator Access Request Form to the Department of Finance & Management. Obtain the required signatures and submit the form to: [FIN.VISIONSecurity@vermont.gov](mailto:FIN.VISIONSecurity@vermont.gov).

Select only one of the following checkboxes, as appropriate:

- Add - Individual is being added as an authorized agent.
- Remove - Individual will no longer have access as an authorized agent.
- Renewal - Individual is being renewed from a previous fiscal year as an authorized agent.

Department Name

Business Unit(s)

The undersigned employees are hereby authorized to submit the VISION System Operator Access Request Form as Authorized Agents.

Name	E-mail Address	Add	Remove	Renewal
------	----------------	-----	--------	---------

\_\_\_\_\_  
Signature

Name	E-mail Address	Add	Remove	Renewal
------	----------------	-----	--------	---------

\_\_\_\_\_  
Signature

Name	E-mail Address	Add	Remove	Renewal
------	----------------	-----	--------	---------

\_\_\_\_\_  
Signature

**If more names are needed, please complete a separate form.**

**Effective Date:**

For annual renewals, enter the first day of the fiscal year. For all others, enter the applicable effective date. All forms expire on June 30th and must be renewed annually.

Appointing Authority Name

\_\_\_\_\_  
Appointing Authority Signature

Appointing Authority Title

Date