

**Developmental Disabilities Administration
PCIS2 User Termination Request Form**

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- INSTRUCTIONS:**
1. Please complete and return original to:
DDA Operations Unit
201 W. Preston Street, #420 I
Baltimore, Maryland 21201
Fax: 410-767-5850
 2. Your organization's Director or CEO must sign this form.
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Type of User

DDA HEADQUARTERS:	
DDA REGIONAL OFFICE:	
PROVIDER AGENCY:	
RESOURCE COORDIN.	

Organization

ORGANIZATION NAME:	
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User Name

LAST NAME:																			
FIRST NAME:																			

Reason For Terminating User Role and Password:

Termination Requested By **Date**

Approved by Organization Director or CEO **Date**

DDA Systems Administrator **Termination Date**