

Certificate of Authority – User Access Request

This form is used to identify and grant access to the Ohio Department of Education and Workforce Claims Reimbursement and Reporting System (CRRS) for individual users associated with Child Nutrition Program sponsoring organizations. This form should be filled out and signed by the owner, board chair, or other authorized administrator for the sponsoring organization.

Program Access: Check the program(s) you are requesting access for.

- National School Lunch Program/School Breakfast Program/Seamless Summer Option/USDA Foods
- Child and Adult Care Food Program
- Summer Food Service Program

User Access Request: List all users you are requesting access for.

Sponsor Name		IRN		
First Name		Last Name		Title
Phone Number	Email Address	Access Type		New or Existing CRRS User
		Full Access	View Only	New Existing
Signature:				Existing Username
First Name		Last Name		Title
Phone Number	Email Address	Access Type		New or Existing CRRS User
		Full Access	View Only	New Existing
Signature:				Existing Username

User Access Removal: List users to be deactivated or have system access revoked. Individual users may be inactivated by the Department if the associated sponsor is no longer actively participating in a child nutrition program.

First Name		Last Name		Title

Signing Authority: With the signature below, I acknowledge and affirm that I possess the requisite authority to grant access permissions on behalf of my organization and that the information provided herein is accurate to the best of my knowledge.

Signature:

Date: