

RACF CUSTOMER AUTHORIZATION

OTECH 258 (REV. 11/2014)

Department: _____	Department Prefix: _____
Information Security Officer (ISO) Name: _____	
Address: _____	Phone Number: _____
Email Address: _____	
Alternate ISO Name (<i>if any</i>): _____	
Address: _____	Phone Number _____
Email Address: _____	

Authorized RACF Coordinators/Administrators

RACF Coordinator Name: _____	
Address: _____	Phone Number _____
Email Address: _____	
Alternate 1 RACF Coordinator Name: _____	
Address: _____	Phone Number: _____
Email Address _____	
Alternate 2 RACF Coordinator Name: _____	
Address: _____	Phone Number: _____
Email Address: _____	
Alternate 3 RACF Coordinator Name: _____	
Address: _____	Phone Number: _____
Email Address: _____	

Departmental Approval (ISO Supervisor or Higher Level Official)

Name (Print): _____	Date: _____
Signature: _____	Title: _____
E-Mail Address: _____	Phone Number: _____

**SUBMIT THE COMPLETED AND SIGNED FORM TO
SECURITY OPERATIONS BY UPLOADING THIS DOCUMENT INTO YOUR REMEDY TICKET**

If you have any questions, please email Security Operations at: Security_Ops@STATE.ca.gov