GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency



Child Protection Register Access Change Request for CFSA Employees Only

The appropriate deputy director (or designee) must complete this form and submit it to the Child Protection Register (CPR) supervisor on behalf of a CFSA employee needing access to the CPR. This request shall be submitted annually for continued access or upon a position/function change.

Administration Name		Deputy Director Name		
Date of Request		Request Effective By Date		
Name of Employee Needing Access		Title/Position		
Employee Desk Phone		Employee Cell Phone		
Employee Office Number		Employee E-mail Address		
Supervisor Name		Supervisor Pho	one	
🗆 Initial Access Request 🛛 🗆 Renewal Re		quest 🛛 Removal Request		
Briefly state the reason for thi			•	
and frequency of work related	to the Child Pro	otection Registe	r (CPR) or i	eason for removal.
Donuty Director Cignoture				Data
Deputy Director Signature				Date

CFSA Child Protection Register Unit | 200 I Street SE, 3rd Floor, WDC 20003 | 202-727-8885 | cfsa.cpr@dc.gov

FOR OFFICAL USE ONLY (Please do not write in this section)

I. CPR Supervisor Decision	Approved	🗆 Denied
CPR Supervisor Comments		
CPR Supervisor Signature		Date

II. CPR Program Manager Decision	Approved	Denied
CPR Program Manager Comments		
CPR Program Manager Signature		Date

	yee has completed CPR access	
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IV. CISA User Activation				
Network User ID	Security Categories Assigned			
ISO Signature		Date		