

Albany, NY 12239

M-31 (2/2020 L)

User Information	SSN		Authorized Civil Service User ID
	Last Name		Approved User ID
	First Name		
	MI		
	Title		DCS Authorization
	Work Phone		
	Email Address		

ddress	Agency Name			Agency Code
Addr	Building/Room			DCS Use Only
ling ,	Street			
Mail	City	State	•	Zip Code

Check Action to be Taken and Access Privileges:

Indicate if request is	🗌 New ID	Add	Change	
Permissions:	ns: 211 Waiver Application			

tion	I am an appointing authority requesting user identification and access to the 211 waiver application. Only persons with the lawful authority to appoint or their designee may access the 211 waiver application.					
Agency Authorization	Signature			Date:		
	Name (Please Print)			Phone Number:		
	Title			Fax Number:		
	Send Completed Form 211inquiries@cs.ny.go		NYS Department Albany, NY 1223			

If you have any questions regarding this form, please call 518-473-5022.

Personal Privacy Protection Law Notification

The information you provide on this application is being requested for the principal purpose of processing a request for access to one or more information data base systems. The information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may prevent this agency from processing your request. This information will be maintained by the Director, Municipal Services Division, Department of Civil Service, Albany, NY 12239; telephone (518) 473-5022. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.