



Nebraska Management Information System License Request Form

This form must be completed and signed to request a Clarity Human Services license. EACH License Request Form must be completed prior to training, and the form must be signed by the Agency designated representative before a username and password will be assigned.

Agency Requesting License: Name of Authorized Staff: Authorized Signature:

Authorized Staff Phone: Email Address: Today's Date:

Requested Training Date:

User Information

Select One: New User Delete User Transfer from Previous User:

User Name (Print First & Last): **User Phone:** **User Email:**

Please check all workflows for which this user will need training:

CoC	PATH	YHDP	Other:
Coordinated Entry	RHY	Prevention/Diversion	
CSBG	SOAR	Community Response	
ESG/NHAP	SSVF	Service Only	

Please select your Agency CoC:

For System Administrator Use Only

Date LRF Received: Date Privacy and Security Completed: Date Training Completed:

Date User Activated: Activated By: