



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: