



# SFS Users Semiannual Security Access Attestation

(Verify user security access levels)

Form 73-326 (Rev. 10-22/11)

**Agency number** \_\_\_\_\_ **Agency name** \_\_\_\_\_

**Agency Security Coordinator** \_\_\_\_\_ **Daytime phone**  
(Area code and number) \_\_\_\_\_

**Alternate Security Coordinator** \_\_\_\_\_ **Daytime phone**  
(Area code and number) \_\_\_\_\_

Responding Agency Security Coordinator's division \_\_\_\_\_

Agency Security Coordinator email address \_\_\_\_\_

Alternate Security Coordinator email address \_\_\_\_\_

Mailing address \_\_\_\_\_

City, state and ZIP code \_\_\_\_\_

Please check one of the following:

- All users have been confirmed, across all applicable systems, and there are no corrections needed.
- All users have been confirmed, across all applicable systems, with the following correction tickets entered via the Security Request system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**sign here** ▶

Date \_\_\_\_\_

*Signature of Agency Security Coordinator or Alternate Security Coordinator*

Please return form by one of the following methods:

| Fax            | Email  | Mail To   |
|----------------|--|---|
| (512) 463-4037 | <a href="mailto:ssa.security@cpa.texas.gov">ssa.security@cpa.texas.gov</a> | Texas Comptroller of Public Accounts<br>Fiscal Management Division c/o Statewide Security Administration<br>P.O. Box 13528<br>Austin, TX 78711-3528 |