



SFS Users Semiannual Security Access Attestation

(Verify user security access levels)

Form 73-326 (Rev.3-20/10)

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	SFS.Security@cpa.texas.gov	Texas Comptroller of Public Accounts Fiscal Management Division c/o Statewide Security Administration P.O. Box 13528 Austin, TX 78711-3528