



TexPool Academy Log-On Request Form

Please complete this form to establish user names and passwords for **TexPool Academy**. Complete a *TexPool Academy Deletion Form* if any users are to be deleted.

After the requested log-ons are created, a letter outlining the steps to connect along with the user name and password, will be sent to those authorized from TexPool Participant Services.

1. Participant Information

<input type="text"/>	<input type="text"/>
Location Name	Location Number
<input type="text"/>	<input type="text"/>
Primary Representative	Primary Representative Telephone Number
<input type="text"/>	<input type="text"/>
Primary E-mail Address	Fax Number
<input type="text"/>	
Mailing Address	
<input type="text"/>	<input type="text"/> <input type="text"/>
City	State Zip Code

2. User Information

		Authorized Representative
1.	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Name of User <i>(Enter exact name - first, middle initial, last)</i>	
	<input type="text"/>	
	E-mail Address	
	<input type="text"/>	
	User Title	
	<input type="text"/>	
	Telephone Number	
2.	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Name of User <i>(Enter exact name - first, middle initial, last)</i>	
	<input type="text"/>	
	E-mail Address	
	<input type="text"/>	
	User Title	
	<input type="text"/>	
	Telephone Number	
3.	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Name of User <i>(Enter exact name - first, middle initial, last)</i>	
	<input type="text"/>	
	E-mail Address	
	<input type="text"/>	
	User Title	
	<input type="text"/>	
	Telephone Number	
4.	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Name of User <i>(Enter exact name - first, middle initial, last)</i>	
	<input type="text"/>	
	E-mail Address	
	<input type="text"/>	
	User Title	
	<input type="text"/>	
	Telephone Number	
5.	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Name of User <i>(Enter exact name - first, middle initial, last)</i>	
	<input type="text"/>	
	E-mail Address	
	<input type="text"/>	
	User Title	
	<input type="text"/>	
	Telephone Number	

3. Signature

Signature of Authorized Representative

Printed Name

Title

Date

Telephone Number

4. Faxing Instructions

The completed Log-On Request Form can be faxed to TexPool Participant Services at **1-866-839-3291**.