



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

2. User Information

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

Please return this document to **TexPool Participant Services:**

Email: texpool@dstsystems.com

Fax: 866-839-3291