



**STATE OF ILLINOIS
CHIEF PROCUREMENT OFFICE
ILLINOIS PROCUREMENT GATEWAY REQUEST FOR ACCESS**

New User Delete User Modify User Reason for Delete or Modify _____

I, _____ (employee name) require access to the Illinois Procurement Gateway (IPG) in order to perform my official duties as they relate to procurement on behalf of _____ (Agency/University name). I hereby acknowledge that the IPG contains social security, numbers, tax information, and other information that is confidential in nature and cannot be used for any purpose other than those required in the performance of my official duties. I further agree that, upon my termination of my employment, I shall not retain copies, notes or abstracts of the forgoing. I acknowledge that I am bound by the Identity Protection Act, 5 ILCS 179/1 *et. seq.*, and by my Agency's Identity Protection Policy established pursuant to the Identity Protection Act. I further acknowledge that improper dissemination of confidential information contained in the IPG may subject me to discipline, up to and including discharge, and may potentially subject me to criminal liability.

Employee Name: _____
 Title: _____
 Employee Signature: _____ Date: _____

Agency/University: _____ Bureau/Department: _____
 Street Address: _____
 City: _____ Zip Code: _____
 Phone #: _____ Fax #: _____
 Email Address: _____

 _____ (Signature) _____ (Date)
 _____ (Printed Name)
 Agency Head / University Purchasing Director

 _____ (Signature) _____ (Date)
 _____ (Printed Name)
 Chief Procurement Officer or Designee

Please return completed form to:	Chief Procurement Office Attn: Illinois Procurement Gateway 513 Stratton Office Building, Springfield, IL 62706 Email: eec.ipg@illinois.gov
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Access given as: View Only Reviewer Administrator

 _____ (Signature) _____ (Date)
 _____ (Printed Name)
 IPG Administrator