# Tribal Request for DSHS Systems Access (ACES Online / SEMSWeb / VPN)

Tribal Security Monitor will complete this form and route access requests to ESA.

**\* Required fields.**  All others are optional.

| LAST NAME* | FIRST NAME* | MI (WRITE "NONE" IF NONE) * |
|---|---|---|
| PHONE NUMBER* | EMAIL ADDRESS* | |
| TRIBE* | JOB TITLE* | |
| PREVIOUS ACES.ONLINE USER ID | PREVIOUS SEMS USER ID | SEMS USER ID OF SIMILAR EMPLOYEE |

| TRIBAL SECURITY MONITOR NAME* | PHONE NUMBER* |
|---|---|
| TRIBAL IT CONTACT NAME* | PHONE NUMBER* |
| TRIBAL IT CONTACT EMAIL* | ALT. PHONE NUMBER |
| TRIBAL IT PHYSICAL MAILING ADDRESS (NO PO BOXES)* | |

When complete, please submit via email at TribalAccessRQ@dshs.wa.gov or to your ESA Contract Manager or Tribal Liaison.