

# SEBB My Account Administrator Appointment/Removal



Use this form to authorize appointment or removal of up to two SEBB My Account administrators.

By signing this authorization form, the appointed SEBB My Account administrator(s) acknowledge that they have read, understand, and agree to abide by the security protocols stated in the HCA Acceptable Use Policy and the SEBB Organization Acceptable Use Policy. As SEBB My Account administrator, you acknowledge that you are responsible and accountable for user security within your organization. This includes, but is not limited to, managing access for employees and contractors, assigning applications roles, modifying existing access, and revoking access.

**1**

## Appointment of SEBB My Account administrator(s)

Last name First name Email

Effective date Signature of this administrator

Last name First name Email

Effective date Signature of this administrator

**2**

## Removal of SEBB My Account administrator(s)

Last name First name

Email Effective date

Last name First name

Email Effective date

**3**

## Superintendent authorization

The individual(s) named above have been duly appointed by me as the SEBB My Account administrator(s).  
SEBB organization

Superintendent last name Superintendent first name

Superintendent signature Date

To submit this form press the submit button or email it to [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

