



**This section must be completed by the requesting employee's supervisor**

**MANAGER/REGISTRATION AUTHORITY**

◇ I verify that this user is still an employee at this agency and continues to have a need for accessing ARIES.

◇ This user's permissions and/or roles in ARIES need to be changed: Yes                  No

If yes, please describe any changes being requested, such as user role and/or permissions, in the space below. Include a justification for the requested change.

*By signing this form, I certify that this employee has a valid reason to access the ARIES database and/or receive changes to his/her ARIES account as described above and authorize the Administrative Agency to renew the requested access.*

First and Last Name:

Phone:

Email:

**Signature:**

**Electronic signature required**

[How to create a digital signature in Adobe](#)

**STOP! Send to Administration Agency Data Manager once sections above are complete. Data Manager will contact user when the ARIES certificate is ready to be installed and/or updates to account are completed.**

This section must be completed by the Administrative Agency staff.

**ADMINISTRATIVE AGENCY SECTION**

**DATA MANAGER (DM) – Part 1** *(Skip to Part 2 if no changes to user's ARIES account are requested). If changes are requested, send to LRP for approval prior to submitting to DSHS.*

◇ Indicate type of change(s) being made (check all that apply):

General User Group/Role      Permissions

◇ If user's *general group or role* is changing, select **current role** in ARIES. Leave blank if role is not changing.

◇ If user's *general group or role* is changing, select **new role** being assigned. Leave blank if role is not changing.

◇ If user's *permissions* are changing, indicate permissions being added and/or deleted:

Permission/Function	Added	Removed

Once user's ARIES profile has been updated, take a screenshot of the user permissions for the account and save in the user's file.

Screenshot of user's ARIES permissions saved:

**DM Signature:**

**Electronic signature required**  
[How to create a digital signature in Adobe](#)

**DATA MANAGER – Part 2** *(Only complete if user is submitting annual renewal)*

◇ Name of Administrative Agency:

◇ DM Name:

◇ DM Phone:

◇ DM Email:

◇ ARIES Request ID/Certificate Number:

◇ ARIES Environment:    Production      Demo

◇ ARIES Certificate Type:    ARIES Client      ARIESReportExport      ARIESImport

Date ARIES Certificate sent to DSHS for Approval:

◇For ARIES users renewing more than one ARIES certificate, complete the section below for all remaining certificates being renewed:

ARIES Certificate Request ID #	Certificate Type			Environment	
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo

DM Signature:

**Electronic signature required**  
[How to create a digital signature in Adobe](#)

See [ARIES access page](#) for detailed instructions on submitting request for ARIES Certificate Renewal and/or account changes.

**Once approved, complete field below and update ARIES User Account Log.**

Date new ARIES Certificate Number installed for user

**LOCAL RESPONSIBLE PARTY (LRP)** *\*\*Only complete if change to ARIES account is requested*

*LRPs serve as the responsible party for authorized users within their agency and contracted agencies. By signing this form, I \_\_\_\_\_, the LRP for \_\_\_\_\_ HIV Administrative Agency, certify that the certificate and account being requested is for a valid ARIES user and that the location of the certificate(s) is in a secure environment. I have confirmed his/her HIPAA/ security training and confidentiality agreement are current and will ensure required HIPAA/security and confidentiality renewals are submitted annually.*

First and Last Name:

Phone:

Email:

Signature:

**Electronic signature required**  
[How to create a digital signature in Adobe](#)