



MyIdahoCNP User Authorization Request

Instructions: Complete and return to the SDE-Child Nutrition Programs to request access to MyIdahoCNP. Write legibly; how we interpret what you write is how we will set up your user name and password in the system.

Representing:

School/Business Name

Check here if you are an employee of a Food Service Management Company and not on the payroll of the sponsor you are representing (user rights will be restricted)

Your Name: Title:

First / Last

User Name requested (3 to 12 characters):

One character per box; at least three, but NO MORE THAN TWELVE characters; **WRITE LEGIBLY!**

A temporary password will be assigned to you by the state agency. We will notify you of what it is when your access is established. You will be required to change the temporary password when you first use it to log into the program.

Email Address: Phone:

Password Reminder Question (select one):

- Birth Year Mother's maiden name
 Name of first pet High School Graduation Year

Answer to reminder question:

Program area(s) needed: National School Lunch Program (NSLP) Child and Adult Care Food Program (CACFP)
 Summer Food Service Program (SFSP) USDA Foods

I understand that the use of the user name and password to access the Idaho State Department of Education (SDE) - Child Nutrition Programs (CNP) MyIdahoCNP web site is equivalent to an original signature for purposes of official documentation. By using the user name and password, I certify that the information transmitted is complete and accurate.

User names and passwords are individually assigned to maintain integrity and may not be shared. If another user accesses the system under my user name and password and provides false information, I understand that I will be responsible for the content of the information transmitted to the Idaho SDE - CNP.

If I believe that my user name and password have been compromised, I will notify the Idaho SDE - CNP immediately and be assigned a new user name and password.

If access to the MyIdahoCNP system is no longer needed, I understand it is my responsibility to terminate access.

Signature of Authorized User

Name (please print)

Date

Superintendent / Director Signature

Termination of access:

Name of employee to no longer have access

Reason: No longer an employee Change in job task Security compromised

Requested by: Date: