

California Department of Public Health
**DCDC Extranet Account Request
For External User**



Extranet Service and Site Information *(all fields required)*

Date and Requestor Date of request:
Requested by (Name and Title):

Authorization Authorized by (If applicable, enter Manager's Name and Title):

Extranet Site: Requesting Service for CDPH-DCDC Extranet Site (List Extranet Sites):

Extranet Service Requested *(all fields required)*

Service Create New Extranet Account Reset Extranet Password
 Disable Existing Extranet Account Change Existing Extranet Account

If Change, list changes required:

User Information *(all fields required)*

Type of User External to CDPH CDPH Staff

Name Last: First: MI:

Title/Position

Organization

Address

City State: Zip Code:

Email

Phone/ FAX Office: Mobile: FAX:
