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| **Department of Health Services**  Division Of Public Health  F-02445a (01/2025) | | **State of Wisconsin** | | |
| **REDCap User Access Request** | | | | |
| Please email completed forms to DHS REDCap Administrators at [DHSREDCap@dhs.wisconsin.gov](mailto:DHSREDCap@dhs.wisconsin.gov). | | | | |
| Full Name of User (Last, First, Middle Initial) | | | Local Health Department or Organization | |
|  | | |  | |
| Work Email | | | Work Phone Number | |
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| Please list REDCap project(s) for which you are requesting access. | | | | |
|  | | | | |
| Direct Supervisor Name | | | Direct Supervisor Email | |
|  | | |  | |
| Date User Access Submitted | | | Date User Access Granted | |
|  | | |  | |
| If access to REDCap is no longer needed, please complete fields below and submit to DHS REDCap Administrators at [DHSREDCap@dhs.wisconsin.gov](mailto:DHSREDCap@dhs.wisconsin.gov). | | | | |
| Reason for Removal of REDCap Access | | | | |
|  | | | | |
| Removal Request Submitted By | Date Removal Request Submitted | | | Date of Access Removal |
|  |  | | |  |
| This form may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations, and agreements. If you received this form in error, please notify the sender and WI DHS REDCap at [DHSREDCap@dhs.wisconsin.gov](mailto:DHSREDCap@dhs.wisconsin.gov); delete the form; and do not use, disclose, or store the information it contains. | | | | |