

## STATEWIDE VITAL RECORDS INFORMATION SYSTEM (SVRIS) ACCOUNT UPDATE REQUEST

If you need assistance, please contact the Wisconsin Help Desk at [helpdesk@wi.gov](mailto:helpdesk@wi.gov) or by phone at 866-335-2180.

**Email completed request to [DHSSVRISAdmin@dhs.wisconsin.gov](mailto:DHSSVRISAdmin@dhs.wisconsin.gov) or fax to 608-261-4972.**

Prospective users who need to create an account should complete the [SVRIS Account Creation and Access Request form](#).

**SECTION I – REQUEST TYPE (change to existing account)**

**Check appropriate box(es):**

<input type="checkbox"/> <b>Reactivate Account</b> – Enter former logon ID: _____  <input type="checkbox"/> <b>Delete Account</b> – Enter user's name in Section II below  <input type="checkbox"/> <b>Add Additional Role</b> (Enter additional role(s) in Section III below)  <input type="checkbox"/> <b>Add Additional Location/Group</b> (Enter location/group in Section II below)	<input type="checkbox"/> <b>Location/Group Change</b> – Current Group: _____ (Enter new location/group in Section II below)  <input type="checkbox"/> <b>Name Change</b> – Former name: _____ (Enter new name in Section II below)  <input type="checkbox"/> <b>Role Change</b> – Current role(s) to be removed: _____ (Enter new role(s) in Section III below)  <input type="checkbox"/> <b>Other</b> – Enter any additional requests: _____
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**SECTION II – USER INFORMATION**

Last Name	First Name	M.I.	Title
Primary Location Name	Physician Group Name (if applicable and known)	WI License # (if applicable)	
Mailing Address (provide a business address, not a home address)	City	State	Zip
Business Phone	Fax	Business Email	

**SECTION III – SVRIS Role (only complete if you are requesting a role change and/or additional role(s))**

**SECTION V – CONFIDENTIALITY AGREEMENT**

Access to SVRIS is governed by Wis. Stats.ch. 69 and DHS Administrative Code 142. This request shall be signed by each user within the above-named business entity as a condition for authorized use of SVRIS. Users are required to accept the terms and conditions set forth in this request. The employing agency agrees that, upon termination of an employee, the agency will immediately notify the State Vital Records Office by submitting the SVRIS User Account Update Request to deactivate the individual's account.

1. Your account is to be used only by you for official purposes related to your statutory role in the Wisconsin Vital Records program.
2. You agree to abide by all applicable federal and state laws and policies regarding confidentiality of Wisconsin Vital Records data.
3. You agree to respect the confidentiality and privacy of individuals whose records or data you access and to protect confidential information displayed from your workstation monitor and/or printed from SVRIS.
4. You understand and acknowledge that SVRIS is only to be accessed by authorized users. You agree to protect the confidentiality of your password and username. As an authorized user, you will not cause or permit anyone, other than yourself, to access the SVRIS by use of your username and password. Sharing a user account exposes the logged-in user to liability for all activities done under that user's account. **Any user found sharing account credentials with another individual may have their account deactivated immediately.**

I have read the above and agree to abide by its provisions. I understand that violation of the provisions stated in the Agreement may cause suspension or revocation of access to SVRIS and related privileges.

**Print Name:** \_\_\_\_\_

By the entry below of my typed name between two forward slashes “ / /”, I indicate that I am the person named and that I adopt this entry as my legal electronic signature on this document.

**Signature (required):** / \_\_\_\_\_ / **Date:** \_\_\_\_\_