

**Mississippi State Department of Health
ThreatScreen Production Security Contact Request Form**

Security Contact Name

Email address (optional)

Organization

Mailing Address 1

Mailing Address 2

City

State

Zip

Telephone

Security Contact (Print Name) _____

Security Contact (Signature) _____

Approved By _____

<i>OHI use only</i>	Form No. TS1-1
VPN Access	<u>Yor N</u>
By Whom	_____
Date	_____
Received Date	_____
Completed Date	_____