

College of Direct Support for New and Existing Users

Permission to Share my College of Direct Support Account and Transcript:

This section is for employees who work for more than one agency.

First Name: _____ **Last Name:** _____

CDS Learner ID: _____

E-mail Address: _____

Other agencies (this will only be used to locate CDS account): _____

<p>Office Use Only:</p> <p>Date Requested: _____ Confirmed Date of Access Granted: _____</p> <p>Notes: _____ _____ _____</p>
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For people who do not have an existing CDS account:

First Name: _____ **Last Name:** _____

E-mail Address: _____

Last four of Social Security number: _____

<p>Office Use Only:</p> <p>Date Created: _____</p> <p>Date Phase I & Phase II Modules Assigned: _____</p> <p>Notes: _____ _____ _____</p>
