



TRS Web Administrator Authorization Agreement

TRS 597A (06/17)

PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778
www.trs.texas.gov

Reporting Entity Name		TRS Reporting Entity Number
Mailing Address		
City	State	ZIP
Contact Person	Phone Number	Ext.

As Head of Institution for the Reporting Entity (RE) indicated above, I authorize the following employee or designated agent of the RE to act as the Web Administrator in the TRS Reporting Entity Portal. I certify that the designated Web Administrator is duly authorized to carry out the responsibilities described in this agreement, and that the information provided herein is accurate, as evidenced by my signature below. I also understand and agree that it is my responsibility to notify TRS immediately, but no later than 24 hours if a change in employment status or duties of the designated Web Administrator occurs so that access to the TRS Reporting Entity Portal can be modified or terminated as appropriate.

Head of Institution signature _____ Date _____

Head of Institution name (print) _____

As Web Administrator for my RE, I agree to be responsible to:

- Authorize users of my RE to access to the Teacher Retirement System of Texas (TRS) Reporting Entity Portal.
- Take appropriate measures to verify the identity and business need for access of anyone requesting access to the Reporting Entity Portal before activating his or her account.
- Create, activate, update, and deactivate Web Accounts for my RE's users.
- Ensure that my RE's users' Reporting Entity Portal account information is current and accurate.
- Reset passwords and unlock Web Accounts for my RE's users.
- Communicate to my RE's users the importance of protecting User IDs and passwords to avoid compromising security.
- Ensure that my RE's users are proficient in usage of the Reporting Entity Portal.
- Report any unauthorized access or use of TRS member information to TRS as soon as it is identified.

I have read, understand, and agree to the terms of this agreement, as evidenced by my signature below.

Web Administrator signature _____ Date _____

Web Administrator name (print) _____

The following Web Administrator information is required for TRS records. TRS will use the email address provided below to email the Web Account User ID and password to the Web Administrator.

Web Administrator work email address	Web Administrator work phone number	
Web Administrator work mailing address		
City	State	ZIP