

## USER ID AND PASSWORD AGREEMENT

Your employer has requested that the Teacher Retirement System (TRS) issue a User ID and Password to you in order for you to access the TRS web reporting system, TRAQS.

The following information is necessary in order for TRS to provide you with a User ID and Password. Please complete all fields.

Name of the Reporting Entity: \_\_\_\_\_

TRS Number (four digit): \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Work Phone Number/Extension: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

### Important Information - Please Read Carefully

**By signing this form, the undersigned agrees to the following:**

As a TRS designated contact, I hereby authorize TRS to issue me a User ID and Password for access to the TRS web reporting system. I agree to maintain the integrity of the system by ensuring the security and proper use of the User ID and Password and will maintain the confidentiality of my Password. I understand and agree that I am responsible for all actions and/or access to the system made with the User ID and Password that is assigned to me. I agree to maintain in strictest confidence the data to which I have access. Confidential information will not be shared in any manner with others who are not authorized to view such data. I agree to use my access to the system for the sole purpose of conducting official business with TRS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_  
(Date) (Printed name of person whose signature appears above)

acknowledged this document before me a notary public.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public County State