**North Bay Regional Center**  **EMAIL NOTIFICATION FORM**

NBRC operates a paperless system for the distribution of authorizations. To be able to email you the authorizations under our security guidelines, we will need you to create a password which you will use to access the emailed documents.

Vendor #:       Vendor Name:       Service Code:

Mailing Address, City, State & Zip Code:      \* The User ID should consist of your vendor number and two initials of the user’s name.

\*\* The password should consist of a minimum of 6 characters (up to 10) including both alpha and numeric characters; at least 1 alpha character must be a capital letter. (Example: Red29a). Please distinguish the number zero from the letter 0 by putting a slash across the zero 0.

For **AUTHORIZATIONS** to Provide Services

Contact       Email:

Name

Please provide the information requested above, sign and date the statement below, and return to the Regional center, attention “**Fiscal**,” as soon as possible.

If you have any questions, please email to NBRCconnect@nbrc.net. Thank you for your participation.

I hereby certify that the contact persons above will abide by NBRC’s security guidelines. I understand that I need to inform NBRC immediately in writing

(by email) when a change of contact person or web user, or email address, occurs, but no later than within 2 business days.

Print Name/Title Signature Date