



**Texas Department of State Health Services
Cancer Epidemiology & Surveillance Branch**

WS_FTP User Information Form

Please complete and send or fax to our office:

**Texas Department of State Health Services
Cancer Epidemiology & Surveillance Branch MC 1928
P.O. Box 149347
Austin, Texas 78714-9347
Fax: (512) 458-7681**

This form must be filled out completely for password changes and account updates to the WS_FTP server. Any field left blank will delay processing of password changes and account updates.

Facility/Institution Name: _____

Facility ID Number: _____

Street Address: _____

Mailing Address: _____

City, County & Zip Code: _____

Health Service Region: _____

Phone Number & Extension: _____

Fax: _____

Thank you for completing this form in its entirety.

WS_FTP Individual User Information

Name: _____

Position or Title: _____

Work Phone & Extension: _____

E-mail Address: _____

Supervisions Name: _____

Supervisors Phone & Extension: _____

Please choose and answer **one** security question from the following:

1. What is the name of your favorite pet? _____

2. What is your father's middle name? _____

3. What is the name of your birthplace city? _____

4. What is your favorite color? _____

When resetting passwords in WS_FTP server account it is required that you know your facility number and the correct answer to the security question chosen. It is important to have your phone number correct on this form as call backs to that number are part of the password reset procedure. Thank you.

Thank you for completing this form in its entirety.