

**Department of Administrative Services  
Division of Finance  
Office of State Debt Collection**

**Authorization for Access to OSDC dcART System**

**Employee Name** \_\_\_\_\_

**Employee Email Address** \_\_\_\_\_

**I understand that Access to dcART will allow this employee access to all Department accounts assigned to the Office of State Debt Collection (OSDC). Access includes the ability to view accounts, create summary reports, recall accounts and/or request write-off of accounts.**

**Supervisor Approval** \_\_\_\_\_

**Manager Approval** \_\_\_\_\_

**Agency Director or Designee Approval** \_\_\_\_\_

**Please return the completed form to OSDC. Fax number (801) 537-9044 or  
osdcommon@utah.gov**