

## Request to Terminate CNPweb User Authorization

**Instructions: Complete and submit to the Oregon Department of Education Child Nutrition Programs (ODE CNP). Authorizing Signature must be obtained from the Executive Contact/Authorized Representative or CNP Program Manager/Food Program Coordinator as listed in CNPweb. Retain a copy for your files.**

### Section 1: User Information

Inactivate CNPweb User Login ID and terminate CNPweb access for:

**User First Name**

**User Last Name**

**Sponsor Name**

**Sponsor Agreement Number**

**Authorized By (Print Name)**

**Authorizing Signature**

### Section 2: Reason for Termination of CNPweb User Authorization

No longer an employee    Change in job duties    Other \_\_\_\_\_

**One person in the organization must have an active CNPweb User ID to access the Sponsor's online records and submit reimbursement claims. To add a new CNPweb User for the organization, submit a *CNPweb User Authorization and Certification form* to ODE CNP.**

#### OREGON DEPARTMENT OF EDUCATION USE ONLY

**Specialist Approval**   **SNP:**                      **CACFP:**                      **SFSP:**  
(initial/date):

**User Terminated in CNPweb**                      **Filed**

System Administrator (initial/date)                      Support Staff (initial/date)