



**IMMIGRATION HEALTH SERVICE CORPS (IHSC)
ACCOUNT REQUEST FORM FOR TARWeb ACCESS
FAX TO: 866-256-8172**



REQUESTOR'S INFORMATION

Last Name*: _____ First*: _____ MI*: _____
 Contact Phone #*: _____ Contact Fax #*: _____
 Email Address*: _____
 Job Title*: _____ Date of Birth*: _____

REQUESTOR'S ORGANIZATION'S INFORMATION

Organization's Name*: _____
 Detention Facility Code (ex. PIDC=Port Isabel Detention Center): _____
 Physical Address*: _____
 City: _____ State: _____ Zip Code*: _____
 Main Phone #*: _____ Main Fax #*: _____

REQUESTOR'S SUPERVISOR'S INFORMATION

Last Name*: _____ First*: _____ MI*: _____
 Contact Phone #*: _____ Contact Fax #*: _____
 Email Address*: _____
 Job Title*: _____ Date of Birth*: _____

TARWeb TERMS AND CONDITIONS

The TARWeb system is deemed Federal Property operated by IHSC. IHSC authorizes you to use the TARWeb system solely to enter treatment authorization requests (TAR) and track their status. Without limitation, you are not authorized to make the information available on any web site or otherwise reproduce, distribute, copy, store, use or sell the information for any reason without the express written consent of IHSC. This is a non-assignable service, thus your right to use the TARWeb system is non-assignable and ***you may not distribute your username and password to other individuals in order for them to gain access to TARWeb.*** Any access or use that is inconsistent with these terms is unauthorized and strictly prohibited. Violators will be prosecuted to the fullest extent of the law. **By signing below, I and my supervisor understand and agree to these terms and conditions.**

Requestor's Signature*: _____ Date*: _____
 Requestor's Supervisor's Signature*: _____ Date*: _____

IHSC INTERNAL USE ONLY – (The following to be completed by IHSC)

Information Verified and Correct: Yes No IHSC Verifier's Initials: _____ Date: _____
 Account Approved: Yes No IHSC Approver's Initials: _____ Date: _____
 IHSC IT Personnel Initials Verifying Account Creation: _____ Date Created: _____

****Failure to complete all required fields legibly will result in an inability of IHSC to create TARWeb Account.***