



Washington Office of Superintendent of

PUBLIC INSTRUCTION

User Authorization for USDA Foods Ordering

CO	DIST

Complete and return to Child Nutrition Services (CNS) the following form if this is a NEW or UPDATED user request.

 New
 Update

Local Education Agency Name: _____

I understand that the use of the user name and password to access the OSPI Child Nutrition Services Web site is equivalent to an original signature for purposes of official documentation.

By using the user name and password, I certify that the information transmitted is complete and accurate per federal regulations 7 CFR 210, 225, and 250.

I accept responsibility to maintain the integrity of the user name and password. If the user name and password is assigned to another individual, **I understand that I will be responsible for the content of the information transmitted to OSPI Child Nutrition Services.**

If I believe that my user name and password have been compromised, I will notify OSPI Child Nutrition Services immediately and be assigned a new password.

If the ultimate responsibility for submitting USDA Foods ordering is no longer mine, I will notify OSPI to terminate my access.

Assigned Responsibility		
PRINT USER NAME AND TITLE _____	E-MAIL ADDRESS _____	PHONE _____
<input type="checkbox"/> Order USDA Foods		
SIGNATURE _____	DATE _____	FAX _____
<input type="checkbox"/> View Only		
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.		
Printed Name of Designated Official _____	Title _____	Phone Number _____
Signature of Designated Official _____	Date _____	

Only use this section if you are designating a Food Service Management Company (FSMC) representative to order USDA Foods on your behalf.		
Name of Contracted Food Service Management Company Contact _____		
Assigned Responsibility		
PRINT NAME AND TITLE _____	E-MAIL ADDRESS _____	PHONE _____
<input type="checkbox"/> Order USDA Food products		
SIGNATURE OF FSMC REPRESENTATIVE _____	DATE _____	FAX _____
<input type="checkbox"/> View Only		
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.		
Printed Name of Designated Official _____	Title _____	Phone Number _____
Signature of Designated Official _____	Date _____	

Return to: Email fooddistribution@k12.wa.us

FORM SPI 1568 (Rev. 10/22)

Fill out this section if you are reassigning a new delivery contact for your USDA food program.

Delivery Contact:

PRINT NAME AND TITLE	E-MAIL ADDRESS	PHONE
SIGNATURE	DATE	FAX
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.		
Printed Name of Designated Official	Title	Phone Number
Signature of Designated Official	Date	

Alternate Delivery Contact:

PRINT NAME AND TITLE	E-MAIL ADDRESS	PHONE
SIGNATURE	DATE	FAX
I HEREBY AUTHORIZE THE INDIVIDUAL LISTED ABOVE TO ORDER USDA FOODS OR VIEW INFORMATION ELECTRONICALLY. THE DESIGNATED OFFICIAL MUST COMPLETE THIS SECTION.		
Printed Name of Designated Official	Title	Phone Number
Signature of Designated Official	Date	

TERMINATION OF ACCESS

Terminate: _____ Date _____
Name of person whose access will be terminated

Requested by: _____ Date _____
Name of person authorizing USDA Foods access termination

Terminate: _____ Date _____
Name of person whose access will be terminated

Requested by: _____ Date _____
Name of person authorizing USDA Foods access termination

Terminate: _____ Date _____
Name of person whose access will be terminated

Requested by: _____ Date _____
Name of person authorizing USDA Foods access termination

Return to: Email fooddistribution@k12.wa.us