



## REQUEST FOR LOGIN to viaOne

**Purpose and Directions - Complete this form if you are an employee of the State Attorney General's office to review claims within the viaOne system. Transmit this completed form to [ORM-HELP@LA.gov](mailto:ORM-HELP@LA.gov) or fax it to 225-342-8473 for initial processing. Once your request is authenticated by the ORM IT Unit, you login name and initial password will be emailed to you within 2 business days. You do not need to sign this form.**

<b>Today's Date</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>Email Address</b>	
<b>Job Title</b>	
<b>Work Phone</b>	
<b>Fax (if any)</b>	
<b>Address</b>	
<b>City + Zip</b>	
<b>Supervisor Name</b>	
<b>Supervisor Phone</b>	
<b>Supervisor Email</b>	

**Your Agency/DIV/DEPT name: DOJ-Office of the Attorney General, State ID Code: 3410**

**Approved by:** \_\_\_\_\_

(Only designated ORM Administrators signatures acceptable)/Date

**Authorized by:** \_\_\_\_\_ **?** **Approved by:** \_\_\_\_\_

(Only designated AG Management signatures are acceptable)/Date

(Only designated ORM IT signatures are acceptable)/Date

**Check if you also need access to enter claims.**

THIS SECTION RESERVED FOR SECURITY USE

VERIFIED BY \_\_\_\_\_

AUDITED BY \_\_\_\_\_ ON \_\_\_\_\_ ORM AG VERSION 005 (7/15/15)