
REQUEST

If an agency has a significant and compelling need for a modification of an STD form for your agency only, you may request approval for use of the alternate version from the Forms Management Center according to State Administrative Manual (SAM) Section 1733.

NAME OF AGENCY SUBMITTING REQUEST

STD FORM NAME

STD FORM NUMBER

MODIFIED STD FORM NUMBER

MODIFIED CONTENT

ALTERNATE FORMAT

EXPLAIN THE NEED FOR THE CHANGE

EXPLAIN THE BENEFITS EXPECTED

DRAFT ATTACHED

MODIFIED STD FORM USAGE CERTIFICATION

On behalf of my agency, I certify that the modified STD form, if and as approved by the FMC and author agency, will be secured from content and/or structural modifications and complies with the State Standard STD Forms Security policies (SAM Section 1732). I understand that my agency is responsible for any legal and/or regulatory requirements related to providing public documents and ensuring that any revisions to the originating STD form will be immediately reflected in the modified version. No approval will be valid for more than one year unless specifically stated in the approval by the FMC.

AGENCY FORMS MANAGEMENT REPRESENTATIVE APPROVAL

DATE SUBMITTED

APPROVALS

The requested change has been reviewed and found to be reasonable.

FORMS MANAGEMENT CENTER APPROVAL

DATE APPROVED

COMMENTS:

The requested change has been reviewed and found to be acceptable.

AUTHOR AGENCY APPROVAL

DATE APPROVED

COMMENTS: