Kids Hope Alliance Data Systems Agency Administration Contact Form

Agency CEO/Executive Director *(this person will be added to the email-only list)*

First Name:	
Last Name:	
Title:	
Email:	
Phone Number:	

Agency Primary Contact *(this person will receive all email blast notifications)*

First Name:	
Last Name:	
Title:	
Email:	
Phone Number:	

Agency Authorized Signer *(This person is the only person that can sign SAMIS New User Request Forms)*

First Name:	
Last Name:	
Title:	
Email:	
Phone Number:	

Agency Cybersecurity Contact *(This person is responsible for notifying KHA about any incidents or events)*

First Name:	
Last Name:	
Title:	
Email:	
Phone Number:	

Print Name: _____ Signature: _____

Title: _____ Date: _____

Version 3.08062026