



Learning Management System (LMS)

Account Management Form

Instructions

This form is for managing user accounts within the Learning Management System (LMS) provided by GBI. Please fill out all required sections and email the completed form to LMSHelp@gbi.ga.gov

Sections I, II, III are **required** for all requests submitted.

Section I: Action Requested– This section will be used to communicate what action is being requested. Use the drop down box provided on page two to choose an action.

Terms:

Add Agency Coordinator Role – add Agency Coordinator Role to a user account.

Remove Agency Coordinator Role – remove Agency Coordinator Role from a user account

User Agency Change – move a user account from one agency to another.

Merge User Accounts – consolidate multiple user accounts into one user account.

Section II: Agency Contact Information - This section will contain the contact information for the Agency and the Agency Head/Coordinator. Forms can only be submitted by the Agency Head, TAC , GCIC POC or those who have been assigned the Agency Coordinator role.

Section III: User Information -This section will contain the user’s information that the request applies to. The account information in this section must match what is currently in LMS or the request will not be processed.

Section IV: User Agency Change -This section is required to change a user’s agency. When requesting a user agency change, the previous agency must match what is currently in LMS or the request will not be processed.

Section V: Merge User Accounts - This section is for merging multiple user accounts. All fields must be completed in this section. The account information provided in this section must be an exact match to the information in LMS or the request will not be processed.



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Section I - Action Requested:

Section II - Agency Contact Information:

Agency Head Name/ Organization Authority Title: _____

Agency/ Organization Name: _____

Agency/ Organization Address: _____

City: _____ Zip Code: _____

Phone Number: _____ County Name: _____ ORI: _____

Submitted by Agency Coordinator Name: _____

Submitted by Agency Coordinator Email: _____

Section III - User Account Information: Required Field (*)

First name*: _____

Last Name*: _____

Current Email*: _____

Prior Email (if known): _____

LMS User ID*: _____

Okey Number (if applicable): _____



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Section IV -User Agency Change

If previous agency ORI is unknown, please enter "UNKNOWN" in the field

Previous Agency/Organization Name: _____

Previous Agency/Organization ORI: _____

New Agency/ Organization Name: _____

New Agency/Organization ORI: _____

Section V - Merge User Accounts

Caution– Account Mergers cannot be undone. Once multiple accounts are merged, they cannot be separated.

LMS Account username to keep: _____

LMS Account username to be retired: _____