



# HCR ACCESS CHANGE REQUEST

**\*\*\* PLEASE RETURN TO HOCKEY ALBERTA \*\*\***

ATTENTION: Allison Marriott  
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Phone: (403) 342-6777

Name of MHA / Club Team: \_\_\_\_\_

MHA President / Team Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### CURRENT ACCESS:

**WRITE ACCOUNT:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**READ ACCOUNT:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### REQUESTED ACCESS:

**WRITE ACCOUNT:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**READ ACCOUNT:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### HOCKEY ALBERTA OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Change Completed: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_