RI DEPARTMENT OF EDUCATION Child Nutrition Programs

Delegation of Authority Form - Level 2 (Sponsor User)

Authority to enter and review data/information through CNP Connect.

This form must be completed by any i This form must be approved by a Leve mailed to the address below.	_		•
Please retain a copy for your records.			
Program: Please check all that apply. NSLP (National School Street Control of the Control of t		ACFP (Child and Adult Care Food Pr	rogram)
Employee Type: Sponsor Employee Food Service Management Company lease check one			
Please complete (Type or Print):			
Sponsor Name:		Sponsor #	
Last Name	First Name M.I.	 Title	
Address			
Email Address		Telephone Number/ext.	
I understand that use of the username and pa website is equivalent to an original signature best of my knowledge, the entered information are individually assigned and are not intender false information, I understand that I may be user name and password have been compror name and password.	for purposes of official documentation on is complete and accurate. To maint d to be shared. If another user accesse held responsible for the content of the	partment of Education (RIDE) - Child No. By using my username and passwor ain the integrity of CNP Connect, the uses the system under my user name and information entered into CNP Conne	rd, I certify that, to the user name and password d password and provides ect. If I believe that my
Signature of NEW Level 2 User		ed By (signature) errent Level 1 user	Date
RETURN COMPLETED FORM TO:		Authorized By (PRINT) Must be current Level 1 user	

Child Nutrition Programs, Office of Statewide Efficiencies RI Department of Education, 6th Floor 255 Westminster Street Providence, RI 02903 Fax to 401-222-6163