

**E-Controlling Board Security Form for Approvers**  
(Office of Budget and Management, Board of Regents,  
LSC, State Architect's Office, Controlling Board and  
Higher Ed Institutes)

Agency Name \_\_\_\_\_

Division Name \_\_\_\_\_

User Last Name \_\_\_\_\_

User First Name \_\_\_\_\_ User Middle Initial \_\_\_\_

Job Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(Must be provided - will be used to authenticate a caller for resetting their password)

Work Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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**Approval Levels:**

**Board of Regents**

- Higher Ed. Approver 1
- Higher Ed. Approver 2
- Higher Ed. Approver 3

**Office of Budget & Management**

- Director Approver
- Budget Analyst
- Debt Analyst

**Read Only**

**State Architect's Office**

- Fiscal Officer
- Project Coordinator
- Deputy State Architect

**Controlling Board**

- President
- Secretary
- Member

**LSC Reviewer**

\_\_\_\_\_  
**Name of person who completed this form**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Signature: Agency Signature Authority**

\_\_\_\_\_  
**Name of Agency Signature Authority**

\*Once this form has been completed, please forward by, email, to OBM ITO Support Help Desk at [ECBsupport@obm.state.oh.us](mailto:ECBsupport@obm.state.oh.us). You will receive an email notification with your UserID and Password.