**Account Holder Change Request Form**

**How to Submit:** Please complete this Account Holder Change Request Form with proper signatures and send to the email address below. Upon receipt, HMH Assessments will update your Data Manager access.

**Email:** **specialaccounts@hmhco.com** **Phone:** **800.323.9540**

***Check or circle the platform this change request is for:***

[x]  **DataManager (Iowa, CogAT, or Logramos)**

Please **type** the following information in the space provided:

|  |  |
| --- | --- |
| **Current Account Holder Info:** | **New Account Holder Info:** |
| **Name: Click or tap here to enter text.** | **Name: Click or tap here to enter text.** |
| **Email Address: Click or tap here to enter text.** | **Email Address: Click or tap here to enter text.** |
| **Phone: Click or tap here to enter text.** | **Phone: Click or tap here to enter text.** |
| **Diocese or Program Name: Click or tap here to enter text.**  |
| **School Name: Click or tap here to enter text.** |
| **Address: Click or tap here to enter text.** |
| **City / State/ ZipCode: Click or tap here to enter text.** |

To protect the privacy and integrity of your account, HMH requires that you designate an administrator or other representative from your school or agency to receive notification of your intention to become the Account Holder for your account.  Please list the name and email contact for this designee.

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| --- | --- |
| **Name of Administrator or Representative:** | **Click or tap here to enter text.** |

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| --- |
| Click or tap here to enter text. |

**Email:**

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| **Optional Approvals: If you are required to obtain additional approvals, please fill out the table below. Otherwise, by submitting this form you are representing that no such additional approval is required and that you are duly authorized to make this Account Holder Change Request on behalf of your organization.** |
| **Name** | **Signature** | **Date** | **Contact Info./Title** |
| Click or tap here to enter text. |  | Add date | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Add date | Click or tap here to enter text. |

By submitting this form, the requester, on behalf of the requester’s organization, accepts full responsibility for the change of account holder on the appropriate platform. We reserve the right to return the form for clarification.

|  |  |
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| **Authorized Requester Signature:** |  |

|  |  |
| --- | --- |
| **Date:** | **Add date** |

|  |  |
| --- | --- |
| **Phone:** | **Add phone number** |

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| **E-mail:** | **Click or tap here to enter text.** |

**Note: In most cases, your change request is completed within two business days from receipt of the completed request form. Longer processing times are common in August and September, so please plan ahead.** **HMH may contact you with questions. We will acknowledge via email when the change has been completed.**