



ACCESS REQUEST FORM

Using the "TAB" on your keyboard, please type all information required below and submit this Request for a New User ID via email to:

[3memaccess@mmm.com](mailto:3memaccess@mmm.com) . If any field is not completed in full, there will be a delay in user's access. \* = REQUIRED FIELD

*Complete Agency Name (In Full) Please do not use initials only	Iowa Department of Corrections
*Office Location including Circuit/Region/ and or District if applicable	Judicial District -
*Last Name	
*First Name	
*Middle Initial (if none, N/A)	
*Email Address	
*Business Phone	
Business Fax	
Cell Phone	
*Complete Business Address Include City, State, Zip	
*User Defined Login ID (Your 3 initials plus 4 digits) We suggest using the last 4 of SSN or badge number	
*Please Check All That Apply If all boxes are checked, the agent/ officer will have read only access	<input type="checkbox"/> 3M EM Manager Software Access (Does not grant access to MC) <input type="checkbox"/> Customer Monitoring Center Access <input type="checkbox"/> Update Existing User <input type="checkbox"/> Read Only Access (Officer and MC cannot modify or make any changes)
*Supervisor's Name/ Telephone Numbers	Name: Title: Email: Office: Ext: Cell:
*Agent/Officer Signature & Date	
*Supervisor's Signature & Date	

For Public Information Only

All Access Request Forms must be emailed to [3memaccess@mmm.com](mailto:3memaccess@mmm.com) .

Security cards will be emailed to the officer's email address listed on the form.

**In case of Agent/Officer termination, it is the responsibility of the agency to notify 3M Electronic Monitoring, Inc. immediately in writing.**

\*\*\*3M EM USE ONLY\*\*\*

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Email/Mail: \_\_\_\_\_ Date: \_\_\_\_\_

1838 Gunn Hwy.  
Odessa FL 33556  
Toll Free: 1-888-67-SMART  
EMAIL: [3memaccess@mmm.com](mailto:3memaccess@mmm.com)

\*\*\*3M EM USE ONLY\*\*\*

\_\_\_\_\_ OFFICERS

\_\_\_\_\_ USER MGR