Department of Health and Human Services
Administration for Families and Children
Office of Child Support Enforcement

Agreement to Upload Data Access Research Files
Private Entity

By completing and providing the information contained in the **"Data Access Research Partner Profile Form"**, the partner agrees that it will:

Not impersonate any individual, entity or association, or conceal or provide misleading information about my identity while uploading/downloading files.

Provide true, accurate, current and complete information about the entity identified in the profile form.

Note: Private Entity Users can upload files but are not legally authorized to download output files.

◉ Accept ◯ Decline

When you have finished completing this form, please save and e-mail this form to csportal@acf.hhs.gov.

Data Access Research Partner Profile Form

Required *

General Information

Enter general information about the research partner.

Start Date: *

(MM/DD/YYYY)

Private Entity/Contractor: *

FEIN: *

(Primary Federal Employer Identification Number - enter as 9 numbers without a dash after the second number - this FEIN is the FEIN used on the batch for the files being transferred.)

Address Information

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

Zip Code: *

(Enter 5 or 9 numbers)

Required *

Contact Information

Enter Business, Technical and Alternate contact information.

Business Contact Information

Enter business contact information.

Contact Name: *

Contact Phone Number: *

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact Fax:

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact e-Mail: *

(Enter as: name@somewhere.com)

Technical Contact Information

Contact Name is required if providing Technical Contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact Fax:

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact e-Mail:

(Enter as: name@somewhere.com)

Alternate Contact Information

Contact Name is required if providing Alternate Contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact Fax:

(Enter numeric digits only, including area code, i.e. 1231231111)

Contact e-Mail:

(Enter as: name@somewhere.com)

Research Details

In the "Federal Agency Name" field, enter the full name and/or acronym for the Federal Agency overseeing this research study. In the "Research Title" field, enter the full name and/or acronym for the research study. In the "Submitter ID" field, enter the unique three character code assigned by OCSE for the research match, which should also be used as the Submitter ID in the Research Record Specifications.

Federal Agency Name: *

Research Title: *

Submitter ID: *

(Three character code identifying the research match)

Federal Agency Name:

Research Title:

Submitter ID:

(Three character code identifying the research match)

Federal Agency Name:

Research Title:

Submitter ID:

(Three character code identifying the research match)

File Information

Private Entity users of the Child Support Portal can only upload input files. Private entity users are not legally authorized to download output files.

Server Information

Please provide the public source IP addresses used by your organization to access the internet. In most cases, the addresses will be those of your company's internet proxy servers, or the public IP address of the computer that will be used to access Data Access. Verify addresses with your network administrator.

Public Source IP Address:

Public Source IP Address:

Public Source IP Address: