



To access complaint information in the Government Portal, complete and submit this form to CFPB_StakeholderSupport@cfpb.gov. The information you provide enables us to set up your agency's access to the Government Portal.

Notice of Collection under the Privacy Act of 1974, 5 U.S.C. § 552a -- As Amended (Privacy Act Notice)

The information that you provide to the Consumer Financial Protection Bureau (Bureau) will be used to create a user account so that you may access the web-based Government Portal for the Bureau's Office of Consumer Response. Access to the secure, web-based Government Portal will enable you to view complaints and inquiries. The information you provide on this form may be shared:

- with parties to a complaint;
- with a court, a party in litigation, a magistrate, an adjudicative body or administrative tribunal in the course of a proceeding, or the Department of Justice;
- with other federal or state agencies or regulatory authorities for enforcement and statutory purposes;
- with contractors, agents, and others authorized by the Bureau to receive this information; and
- pursuant to the Bureau's published Privacy Act System of Records Notice, CFPB.005- Consumer Response System.

You are not required to submit or provide any identifying information; however, if you do not include the requested information you may not be granted access to the Government Portal.

The collection of information is authorized by the Dodd-Frank Wall Street Reform and Consumer Protection Act, Public Law 111-203, Title X, Sections 1013(b)(3), 1021, 1034, codified at 12 U.S.C. §§ 5493(b)(3), 5511, 5534.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0057. It expires on XX/XX/XXXX. The time required to complete this information collection is estimated to average approximately 10 minutes per response. The obligation to respond to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA_Comments@cfpb.gov.

GOVERNMENT BOARDING FORM

Agency information

1

AGENCY NAME	AGENCY LOCATION
<input type="text"/>	<input type="text"/>

Contact information

The authorized employee will be the main point of contact for the Government Portal and will be the only person authorized to add or remove users.

2

NAME OF AUTHORIZED EMPLOYEE	TITLE	
<input type="text"/>	<input type="text"/>	
EMAIL	PHONE NUMBER	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
STREET		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Portal Users Information

The following information is needed to set up the user profiles for each authorized individual.

3

Is the authorized employee (from Section 2) the only authorized Government Portal user in your office?	YES	NO
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GOVERNMENT BOARDING FORM

Portal Users Information (continued)

4 If 'NO' complete this section for each authorized user.

If you run out of room here, you can fill in additional authorized users in Section 6.

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

 - -

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

 - -

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

 - -

Submit

5 By clicking this box, you affirm that the information provided is true to the best of your knowledge and belief.

NAME

DATE

To submit, save this completed form and email to CFPB_StakeholderSupport@cfpb.gov.

If the information you provided changes, please email CFPB_StakeholderSupport@cfpb.gov.

Addendum

6

If you need to register additional users, please enter them here.

If you run out of room on this page to fill in additional authorized users, please print/ use multiple copies of this page as needed.

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

 - -

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

 - -

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

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