



Once completed, send by fax or mail to:

The OurFamilyWizard® website  
 Attn: Professional Services  
 1302 2<sup>nd</sup> Street NE, Suite 200  
 Minneapolis, MN 55413  
 Fax (952) 548-8159

**Permission for Professional Access**

<b>Professional</b>		<b>OFW Office Use Only:</b>
First Name:	Last Name:	U-ID:
Username:		Notes:
Phone No.	Fax No.	
Email:		ABN? Y/N By:

<b>First Parent Account</b>		<b>OFW Office Use Only:</b>
First Name:	Last Name:	U-ID:
Username:		Notes:
Phone No.	Fax No.	
Email:		ABN? Y/N By:

I, \_\_\_\_\_, grant the above named professional permission to access my OurFamilyWizard Parent Account using an OurFamilyWizard® Professional Account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Second Parent Account</b>		<b>OFW Office Use Only:</b>
First Name:	Last Name:	U-ID:
Username:		Notes:
Phone No.	Fax No.	
Email:		ABN? Y/N By:

I, \_\_\_\_\_, grant the above named professional permission to access my OurFamilyWizard Parent Account using an OurFamilyWizard® Professional Account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_