



**Tennessee Department of Health  
Office of Vital Records**

## VRISM User Access Request & Agreement

### Section I - Business Information:

Name of Business:

Street Address:

License Number:

City:

State:

Zip:

TN County:

Primary Business Phone:

Alternate Contact Number:

### Section II - Requestor Information:

Name:

Title:

TN License

Number:

(FD, MD, DO, etc.)

Other State

License Number:

State Employee

DC Number:

Phone:

Email:

Name of Supervisor (if applicable):

Supervisor Phone:

Email the VRISM notification should be sent to:

### Section III - What type of Certificates will you need access to in VRISM:

☐ Birth

☐ Death

☐ Marriage

☐ Divorce

☐ Do you issue certificates

or

☐ Prepare record for filing with State

**PLEASE READ, SIGN AND RETURN:** email: [vrismuser@tdhs.zendesk.com](mailto:vrismuser@tdhs.zendesk.com) or FAX: 615-741-9860

Mail: Vital Records, 710 James Robertson Pkwy, Nashville, TN 37243

## VRISM Terms of Use Agreement

By signing below, you are acknowledging that you have read, understand and agree to the terms of use and requirements for utilizing the VRISM website.

1. All information provided on this form is correct.

2. Only the individual user listed on this form will access the VRISM system.

3. The user will not share their login credentials with any individuals.

4. The user will maintain the confidentiality of any and all VRISM records in accordance with applicable state and federal laws.

5. The Tennessee Department of Health has the right to restrict or revoke a user's VRISM access at our discretion.

6. The Tennessee Department of Health may take legal action if the user engages in illegal usage of the VRISM website or breaches the confidentiality of the data in VRISM.

7. The license number provided will be verified, unencumbered and currently in good standing.

8. The user will immediately notify the Office of Vital Records VRISM team of any changes in employment, potential compromising of their account or any changes to the information in Section I, II and III.

By signing below, you are agreeing to the VRISM Terms of Use and acknowledge that any unauthorized access, misuse and/or unauthorized disclosure of information may result in immediate suspension or loss of individual and/or facility access privileges and/or legal action in accordance with the laws and rules governing the State of Tennessee. (T.C.A. 68-3-105)

Signature:

Date:

**For Tennessee Department of Health Office of Vital Records Use Only**

License verification method:	Comments/Other Information:	
License verification date:		
VRISM User Name:		
Registration PIN:		
Group(s) user assigned to:		
Location(s) user assigned to:		
Date user account created:		
Date user account voided:		
VRISM System Administrator:		Date:
Authorized by:		Date: