



Once completed, send by fax or mail to:

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

Permission for Professional Access

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

First Parent Account		OFW Office Use Only:
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: _____

Second Parent Account		OFW Office Use Only:
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: _____