

U.S. Treasury Department/Financial Management Service  
GOALS II IAS Personal Information Update Form

TO ENSURE ACCURACY, PLEASE TYPE OR PRINT CLEARLY.  
ENTER THE NEW INFORMATION

**Section I - User Information** (Please Print):

➔ Please check ( ✓ ) the boxes for information being updated:

Effective Date: \_\_\_/\_\_\_/\_\_\_

Agency Location Code(s) [ALC(s)]: \_\_\_\_\_

Internet Email Address: \_\_\_\_\_  \*Fax No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_

[Govt. Agency, or Contractor Name]

\*Bureau Name: \_\_\_\_\_

**User Name:** \_\_\_\_\_

Current GOALS II ID: \_\_\_\_\_

User Phone No.: \_\_\_\_\_

Room No.: \_\_\_\_\_

Street Line 1: \_\_\_\_\_

\*Street Line 2: \_\_\_\_\_

\*Street Line 3: \_\_\_\_\_

\*Street Line 4: \_\_\_\_\_

\*Street Line 5: \_\_\_\_\_

City: \_\_\_\_\_  State: \_\_\_\_  Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

Room No.: \_\_\_\_\_

\*Indicates non-required fields

Current GOALS II IAS Applications: FACTS I, Statement of Differences, Undisbursed,  
Warrants

**Send to: GOALS Marketing Staff  
Financial Management Service  
3700 East-West Highway, Room 800B  
Hyattsville, MD 20782  
FAX Number: 202-874-6170**

U.S. Treasury Department/Financial Management Service  
GOALS II IAS Personal Information Update Form

*Section I – User Information*

This form is to be used only by GOALS II Information Access System (IAS) users. Current GOALS II IAS applications include FACTS I, Statement of Differences, Undisbursed, and Warrants. Changes to GOALS II Intranet applications (e.g, 224, 1219/1220, FACTS II) should be made online, not with this form.

**Effective Date:** User's action requested date. If left blank, effective date will be date entered into FMS's system.

**Agency Location Code(s) [ALC(s)]:** *Changes of ALC cannot be processed on this form;* they require a new ESAAS form.

**Internet Email Address:** User's Internet Email address, not the local LAN address.

**Fax No.:** User's fax number.

**Agency Name:** Name of government organization to the most specific level. If a contractor, enter company name. *Changes of agency name cannot be processed on this form;* they require a new ESAAS form.

**Bureau Name:** If applicable. *Changes of bureau name cannot be processed on this form;* they require a new ESAAS form.

**User Name:** User's full name: first, middle, last.  
Include user's current GOALS II user ID, and the new information for phone number, room number, and address (street, city, state, and zip) *Changes of user name cannot be processed on this form;* they require a new ESAAS form. However, changes of the user's contact information can be processed on this form.

**Supervisor Name:** Supervisor's full name: first, middle, last.  
Under this heading please include supervisor's name, signature, phone number, and room number. Check the appropriate box if any of the information has changed.