**ShareFile Contact Form**

**Company Name:**

**Mailing Address:**

**FEIN:**

**Please provide Contact Information for ShareFile Account Set-up below. Note that the email address will be associated with the ShareFile account.**

**Contact Name:**

**Email Address:**

**Telephone Number:**

**Title:**

**Email the completed ShareFile Contact Form and direct any questions regarding a ShareFile account to Avonya Matthews,** **Avonya.Matthews@ncdoi.gov** **. Upon receipt of the contact form, the Department will set-up a ShareFile account and send your company a link to activate the account, which must be activated within 5 days.**