



CCSD System Access Request Form

SECTION 1: User Information

First Name:	Phone Number:
Last Name:	Email Address:
Status: <input type="checkbox"/> CCSD Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor <input type="checkbox"/> Other	
Building Name:	Department Name:

SECTION 2: General Information

Please indicate what the user needs to do using the selected system that is the basis for the request. If more space is needed, please attach supporting documents. If there is an existing user who currently has the access you require, enter their name here.

SECTION 3: System Access

FOR: New User Current User Delete User

<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only
<input type="checkbox"/> Add:	<input type="checkbox"/> Remove:	Program: _____	<input type="checkbox"/> Modify:	<input type="checkbox"/> Read Only

SECTION 4: Policy Acceptance

Password Policy has been reviewed and accepted

Acceptable Use Policy has been reviewed and accepted

It is critically important that each person being authorized access to CCSD systems are required to abide by all the Family Educational Rights and Privacy Act (FERPA), state, and local policies governing access to highly sensitive data.

By Checking this box and initialing here I have read and agree to the above statement

Initial: _____

SECTION 5: Authorized Signatures

User Signature:

Print	Signature	Date
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Supervisor Signature:

Print	Signature	Date
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Administrator

Print	Signature	Date
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For Official Use Only:

Username: _____

Access Completed by: _____

Date: _____

Notes: