Request for District Network Account and Applications

Name of Employee/Non-501 Employee:

_____

Employee ID or Non-Employee Social Security Number:

_____

Job Title:

_____

School or Center Number:

_____

Please enter a start and end date for account access.

Start: _____   End:_____

Please select the type of access needed:

- ☐ Novell
- ☐ GroupWise
- ☐ BlueBear
- ☐ Follett
- ☐ Web-IEP
- ☐ Web Portal Only
- ☐ TERMS, please fill out the additional form, attachment 11
- ☐ PowerSchool, please fill out the additional form, attachment 13

_____

Administrator Signature

*********************************Information Technology Use Only*********************************
Date Request Received: _____
Network ID: _____   Date Network Setup Completed: _____
Received by (Initial): _____   Completed by (Initial): _____