## **PowerSchool Authorization Form**

Name:	me: Center Name:			
Employee ID	or Non-Employee S	ocial Security Numbe	er: ————	
Access Start	cess Start Date: Access End Date:			
Functions to	be performed in Po	werSchool:		
Individual Sc	reen Access: <u>Screen Title</u>		<u>Add</u> <u>Delete</u> <u>Upd</u>	ate Inquiry
Signature: _			(Center	Manager)
Title:	Date:			
Approved:	Yes	No		
Signature:	(Executive/ Gene	eral Director)	Date:	