Sacramento City Unified School District

Technology Services

**REQUEST FOR ACCESS TO NETWORK SERVICES AND E-MAIL**

* Please complete this form with the appropriate authorization signature
* Scan or E-mail to [Support@scusd.edu](mailto:Support@scusd.edu)
* If you have any questions, please call Technology Support @ 643-9445
* Requests will be completed within 48 hours

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| First Name & Middle Initial: | Last Name:  Previous Last Name: | DOB (optional)  Gender:🞏 Male  🞏 Female | |
| Have you ever been a student or an employee in the Sacramento City Unified School District | | 🞏 Yes | 🞏 No |
| Job Title: | Department:  Location:  School Site:  🞏 Elementary 🞏 Middle School 🞏 High School | | |

***Services Requested****: (Please check at least one)*

|  |  |
| --- | --- |
| 🞏 New Employee Set up | 🞏 Permanent  🞏 Temporary Dates: From To: |

|  |  |
| --- | --- |
| 🞏 Employee Replacing: | 🞏 Delete User From Network: |

|  |
| --- |
| 🞏 Change of Site, Transfer From: To: |

***Access Needed:*** *(Please check all that apply)*

|  |  |
| --- | --- |
| 🞏 E-Mail | 🞏 Escape – Finance/Personnel/Payroll System  🞏 Setup same as: *(Mandatory)* |

|  |  |
| --- | --- |
| 🞏 Infinite Campus | Job Description: |

**Notes:**

|  |  |
| --- | --- |
| Authorization: | Name of Supervisor: |
| Contact Telephone: | Supervisor Signature: |