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
* If you have any questions, please call Technology Support @ 643-9445
* Requests will be completed within 48 hours

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

|  |  |  |
| --- | --- | --- |
| 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: |