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**:\_Click here to enter a date.\_\_\_\_\_\_

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

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

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| New Employee Set up | Permanent  Temporary Dates: From Click here to enter a date.To: Click here to enter a date. |

|  |  |
| --- | --- |
| Employee Replacing:  Click here to enter text. | Delete User From Network:  Click here to enter text. |

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| Change of Site, Transfer From: Click here to enter text. To: Click here to enter text. |

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

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| E-Mail | Escape – Finance/Personnel/Payroll System  Setup same as: *(Mandatory)* Click here to enter text. |

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| Infinite Campus | Job Description: Click here to enter text. |

**Notes:** Click here to enter text.

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