**ACCESS REQUEST FORM**

**FOR NETWORK SERVICES AND E-MAIL**

1. Please complete this Access Request Form and have it signed with the appropriate authorization signature
2. Scan and E-mail to [Support@scusd.edu](mailto:Support@scusd.edu)

Requests will be completed within 48 hours. If you have questions, please call Technology Support at 916-643-9445.

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

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| **\*\* First Name & Middle Initial:**  Click here to enter text.  **\*\*** **Person’s PSL #** | **\*\* Last Na**  **me:**  Click here to enter text.  Previous Last Name:  Click here to enter text. | **\*\* DOB**:  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:** |