**ACCESS REQUEST FORM**

**For NETWORK, E-MAIL, and INFINITE CAMPUS**

1. Please complete this Access Request Form and have it signed by the **Department Head**/**Director**/**Site Principal**.
2. Scan and E-mail this completed Access Request Form to Support@scusd.edu

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

**\*\* REQUIRED – PLEASE PRINT/TYPE - DOUBLE CHECK SPELLING! Date**:\_Click here to enter a date.

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| **\*\* FIRST NAME and MIDDLE INITIAL:**Click here to enter text.**\*\*** **SCUSD PSL NUMBER:** Click here to enter text. | **\*\* LAST NAME:**Click here to enter text.Name Change? Previous Name:Click here to enter text. | **\*\* DOB**:Click here to enter a date.**\*\* GENDER:**[ ]  Male [ ]  Female**\*\* RACE:**Choose an item. |
| **Have you ever been a student or an employee of Sacramento City Unified School District?** | [ ]  Yes | [ ]  No |
| **\*\* JOB TITLE:**Click here to enter text. | **DEPARTMENT/SCHOOL SITE/LOCATION:**Click here to enter text. [ ]  Elementary [ ]  Middle School [ ]  High School |

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

|  |  |
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| [ ]  New Employee Set up | [ ]  Permanent |
| [ ]  Employee Replacing:Click here to enter text. | [ ]  Temporary Dates: From: Click here to enter a date. To: Click here to enter a date. |
| [ ]  Change of SiteTransfer From: Click here to enter text. | Transfer To: Click here to enter text.  |

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

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| [ ]  **Exchange Outlook E-Mail** | [ ]  **Escape** – Finance/Personnel/Payroll System[ ]  **\*\*** Setup Escape Same As: *(Mandatory)* Click here to enter text. |
| [ ]  **Infinite Campus** |  **Job Description:** Click here to enter text.[ ]  **\*\*** Setup IC Same As: *(Mandatory)* Click here to enter text. |

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

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| **AUTHORIZATION** | **\*\* Print/Type Name of Supervisor:** |
| **\*\* Contact Telephone Number:** | **\*\* Supervisor Signature:** |