

# Non District Employee POWER SCHOOL SECURITY ACCESS REQUEST

This form must be completed and returned to the POWER SCHOOL Office for each person who needs access to POWER SCHOOL. For changes to existing security settings for staff, please include their Name and Logon ID. Indicate the desired change(s) in the space provided.

School Site(s) Requested: \_\_\_\_\_

Name: \_\_\_\_\_  
(PRINT) (Last Name) (First Name) (MI)

Gender \_\_\_\_\_

Ethnicity \_\_\_\_ (MANATORY for Federal Reporting) Race: \_\_\_\_\_ (Can  
Choose more than one)

DOB: \_\_\_\_\_ (Mandatory)

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (include Area code)

Password: Will be Issue by the District. Once logged into PowerSchool please change your password to one you prefer by clicking on Personalize on left menu

MOU/Company: \_\_\_\_\_  
(Mandatory to receive appropriate access)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cabinet Member or Designee/Central Office Administrator)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I agree that I will not divulge student data, such as grades, attendance, and discipline, except thru appropriate channels. Any such request should be referred to the school where the student attends/attended.

Requested Changes:

\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(POWER SCHOOL Staff Use Only )

Send completed form to Information Technology/POWER SCHOOL, or FAX to (510) 215-2104