

POWER SCHOOL/SECURITY REQUEST

This form must be completed and returned to the POWER SCHOOL Office for each staff 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: _____

Name: _____ Gender _____ Ethnicity _____
(PRINT) (Last Name) (First Name) (MI) (MANDATORY for Federal Reporting)

Preferred Name: _____

DOB: _____ (Mandatory) Employee ID: _____
(6 digit ID MANDATORY)

Email: _____ (First Initial + Last Name)

Password: Will be your 6 digit ID # issued by District
Once logged into PowerSchool please change your password to one you prefer by clicking on Personalize

Staff Status: _____ Statewide Educator ID: _____
(Permanent/Temporary) (Teachers only)

Job Classification: _____
(Mandatory to receive appropriate user access)

Approved: _____ Date: _____
(School Principal or Designee / Central Office Administrator)

Staff Signature: _____ Date: _____
I agree that I will not divulge student data, such as grades, attendance, and discipline, except thru appropriate channels.
Such requests should be referred to the school where the student attends.

Requested Changes:

Completed by: _____ Date: _____
(POWER SCHOOL Staff Use Only)

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