County Access Request Form

I understand I am requesting access or to have access removed for myself or for another person for County. I will not release confidential information to others unless it is for the purposes directly connected to the program for which purpose it was originally intended. Each school is responsible for maintaining secure systems with which to access state systems to ensure the data is safeguarded. Each user must choose a strong password and secure their username and password. Usernames and passwords must never be shared or reused. Each user must agree to use the data only within the direct scope of their current employment and within the scope of the role granted, and to comply with FERPA and the OPI Student Records Confidentiality Policy.

Requester Name: _______________________________ Date: ________________

User Information

Full Name: _______________________________ Email: _______________________________

Phone: _______________________________ New User: _______________________________

District: _______________________________ Existing User: _______________________________

[ ] ADD ROLES  [ ] REMOVE ROLES

[ ] CountyCoUser
[ ] CountyNonLocatedCoUser

OPI ONLY ROLES

[ ] CountyOPI
[ ] CountyOPIDistrictInformation
[ ] CountyReadOnly

ADD LOCATIONS
(where applicable):

[ ] Statewide (OPI Only)
[ ] LE _______________________________
[ ] CO _______________________________

Authorized Representative Signature

Name: _______________________________ Title: _______________________________ Phone: _______________________________

Signature: _______________________________ Date: _______________________________