

Clint Independent School District

District System Security Access Form

A completed and approved District System Security Access (DSSA) Form is needed by any user conducting official business for or with the district that are not district employees and who may need access to District Information Resources.

Passwords must be kept confidential, and the user granted access to the password agrees not to divulge the password to others.

User Acknowledgment

I acknowledge that I have received and read the **Technology & Information Resources Acceptable Use Policy**. I understand and agree that my use of District Technology Information Resources is conditioned upon my agreement to comply with the Policy. Evidence of security violations is subject to revocation of access and will be considered a breach of contract or violation of the terms for conducting business with the district. The district may take legal action as necessary to protect District Information Resources, district users, and data.

Last Name	First Name	MI
Position or Title	Company/Campus/Department	Date Requested
District Username & Password for:	Outlook Email Google Account	Wi-Fi Access
Skyward: 🗌 Student Management 🗌 Financial Management 🗌 Human Resources		
Purpose:		
Eduphoria: Aware Forether: Continue: Special Education and Other:	-	
Comments:		
	AUTHORIZATIONS	
Upon termination of business with the	e district, access will be removed on:	
Requestor First Name Last Name	Signature	Date
Campus/Department Administrator Fu	ull Name Signature	Date
Skyward Program Admin Full Name	Signature	Date
, ,		
Eduphoria Program Admin Full Name	Signature	Date
Frontline Program Admin Full Name	Signature	Date
TIS Authorization Full Name	Signature	Date