Application Access Form
2025-2026
District & School Level Request
Version 2

Purpose of Request: (Select One)
- New Access
- Modify Access
- Remove Access

User Role: (Select One)
- District User
- School User
- Contractor

First Name:

Last Name:

District Name: **District Number:**

School Name: **School Number:**

Job Title:

Current User ID: (If applicable)

Do you currently have a TDOE SSO, Orion account?   Yes   No

Do you currently have an ePlan account?   Yes   No

Teacher License Number: (If applicable)

Work Email Address:

Work Telephone Number:

Select one role per application request.

Application	Role	Application	Role
Accountability	District User	**Graduation Cohort**	District User
Attendance Funding	District Approver (NOTARY REQUIRED ON PAGE 2) District Read Only District User (Districts with adult high schools only)	**TVAAS** **TNCompass**	District Admin (Director of Schools) District Admin (One Per District)
College & Career Readiness SharePoint	CTE Director	**College & Career Readiness Portal (CCR)**	District User School User
Center for Internet Security (CIS), Controls Self-Assessment Tool (CSAT-Pro)	District Admin (Full User)	**District Technology Request Portal (for Directors, EIS/SIS Supervisors, Technology Supervisors)**	District User
Data Reports	District User School User	**SchoolNet (District/School Admin Only)**	User
Enhanced EIS Data Entry	District User	**TCAP Visibility Tool**	User
EIS Production	District User District EIS Approval ADM District EIS Error Correction User School User School EIS Error Correction User	**TMAC**	Nutrition Supervisor Claim Preparer Compliance Coordinator (AR & PR) Other Application
Early Childhood Education ECEDS	ECEDS District Program Observer	**SWORD**	District User School User

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Notary Public (The Notary is required only if applicant is requesting District Approver access to Attendance Funding. The Notary's signature is also required. Please scan and email the Application Access Form.)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.
                                                       Month   Year

_____
Signature of Notary Public

My commission expires on _____, _____.
                                       Month   Year

[Notary Seal]

Justification: All access must be justified. List specific job duties that require access to the requested application(s). Additional information relevant to your request should be included.

By entering my name below, I attest to the accuracy of information provided on this form. In addition, I understand that if I have access to confidential student and teacher data, including personally identifiable information (PII), I will only use the information for the explicit purpose identified in this access request form. I understand that the unauthorized disclosure of PII is prohibited by federal and state law, including the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the Tennessee Data Accessibility, Transparency and Accountability Act ("DATAA"), Individuals with Disabilities Education Act ("IDEA"), and the National School Lunch Act.

Any instances of unauthorized disclosure of personally identifiable information that come to my attention must be reported to the TDOE within twenty-four (24) hours. Inappropriately releasing data from a student, teacher or other personal record, whether through negligence or intent, will be subject to potentially permanent loss of access to TDOE data and records. Any entity, agent, or individual who violates this form, whether through negligence or intent, will not have access to any TDOE student data for five years as required by FERPA. All violations will be reported to the appropriate federal and state enforcement agencies.

Employee Name: (First & Last Name)

Supervisor's Name: (First & Last Name)   **Title:**

Supervisors: Please send the completed form to the district representative (EIS Contact).This form must be submitted by a district representative.
Click here to see a list of district representatives.

Submitted By: (First & Last Name)

District representatives (EIS Contacts) should only accept forms from district supervisors.

Date Form Completed:

Please send the completed form to the District Technology Service Desk at the e-mail address listed below.

dt.support@tn.gov

I hereby attest that the information on this form is accurate to the best of my knowledge. I further attest that the employee indicated above requires access to the checked application(s).

	Access Granted	**Access Removed:**	**Processor Name:**	**Effective Date:**
Accountability				
Attendance Funding				
College & Career Readiness Portal				
Data Reports				
EIS Production				
Enhanced EIS Data Entry				
TVAAS				
Graduation Cohort				
Microsoft Dynamics CRM Ticketing				
SchoolNet				
TCAP Visibility Tool				
Center for Internet Security (CIS), CSAT-Pro				
TMAC				
TNCompass				
SWORD				
Early Childhood Education (ECEDS)				

New/Current Account User ID:

Additional Notes: