



**Application Access Form
District & School Level Request
Version 7.1**

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.

Accountability	District User	Federal Application Consolidated Tracking System (FACTS) (for historical purposes only)	Inquiry User
Attendance Funding	District Approver (NOTARY REQUIRED ON PAGE 2) District Read Only District User (Districts with adult high schools only)	Graduation Cohort	District User
College & Career Readiness SharePoint	CTE Director	Microsoft Dynamics CRM Ticketing System (Help Desk Portal for Directors, EIS/SIS Supervisors, Instructional Technology Supervisors, and Technology Supervisors)	District User
Data Reports	District User School User	School Nutrition	District User School User
District Informational Dashboard	District User (Director of Schools Signature Required)	TCAP Visibility Tool	User
EIS Production	District User District EIS Approval ADM District EIS Error Correction User School User School EIS Error Correction User		
Enhanced EIS Data Entry	District User		
eTiger	Instructor Program of Study Read Only User (CTE Director Level)		

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

Internal Tennessee Department of Education Use Only

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 Sharepoint

Data Reports

District Information Dashboard

EIS Production

Enhanced EIS Data Entry

eTiger

Fed. Application Consolidated Tracking

Graduation Cohort

Microsoft Dynamics CRM Ticketing

School Nutrition

TCAP VisibilityTool

New/Current Account User ID:

Additional Notes: