

## **Application Access Form District & School Level Request**

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 Yes No Yes No Do you currently have an ePlan account? Teacher License Number: (If applicable) Work Email Address: Work Telephone Number: Select one role per application request. Accountability District User **Federal Application** Inquiry **Consolidated Tracking** User System (FACTS) **Attendance Funding** District Approver (NOTARY REQUIRED ON PAGE 2) **Graduation Cohort** District User District Read Only District User School Read Only School User College & Career Readiness SharePoint CTE Director **Local Payment** Payment Requestor **Processing Data Reports** District User Microsoft Dynamics District User CRM Ticketing System School User (Help Desk Portal for Directors, EIS/SIS Supervisors, Instructional Technology Supervisors, and Technology Supervisors) **EIS Production** District User **School Nutrition** District User District EIS Approval ADM School User District EIS Error Correction User School EIS Error Correction User **Enhanced EIS Data Entry** District User **TNReady Assessment** User Verification & Visibility

eTiger Instructor

Program of Study Read Only

User (CTE Director Level)

Notary Public (The Notary is required only if applicant is requesthe Application Access Form.)	esting District Approver access to Attendand	ce Funding. The Notary's signature is	s also required. Please scan and email
Subscribed and sworn to (or affirmed) before me this	day of Month	, Year	
Signature of Notary Public	_		
My commission expires onMonth	 Year		
			[Notary Seal]
Justification: All access must be justified. List specific job duties the state of	hat require access to the requested application	(s). Additional information relevant to yo	our request should be included.
By entering my name below, I attest to the accuracy of information confidential student and teacher data, including personally law, including the Federal Educational Rights and Privacy Act Disabilities Education Act ("IDEA"), and the National School L	identifiable information (PII). I understand to of 1974 ("FERPA"), the Tennessee Data Acc	that the unauthorized disclosure of P	Il is prohibited by federal and state
I acknowledge that I fully understand that improper disclosure acknowledge that improper disclosure of PII violates TDOE powhether criminal or civil penalties are imposed.			
Employee Name: (First & Last Name)			
Supervisor's Name: (First & Last Name)		Title:	
Supervisors: Please send the completed form to the district re Click here to see a list of district representatives.	epresentative (EIS Contact).This form must I	be submitted by a district representa	tive.
Submitted By: (First & Last Name)			
District representatives (EIS Contacts) should only accept for	ms 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 To The Following Application(s):	Processor Name:	Account Activation Date:
Accountability		
Attendance Funding		
College & Career Readiness SharePoint		
Data Reports		
EIS Production		
Enhanced EIS Data Entry		
eTiger		
Federal Application Consolidated Tracking System		
Graduation Cohort		
Local Payment Processing		
Microsoft Dynamics CRM Ticketing System		
School Nutrition		
TNReady Assessment Verification & Visibility Tool		
New/Current Account User ID:		
Additional Notes:		