

**Request for EESIS UserID Authorization**

Form #ITD-SEC-FM-001

Version 3, 12/2013

Los Angeles Unified School District

Information Technology Division

Please print all information. (Two signatures required, User and Administrator)

**Identification (to be completed by the User)**

Request Date: \_\_\_\_\_

- User Name (First) \_\_\_\_\_ (MI) \_\_\_\_ (Last) \_\_\_\_\_
- Title \_\_\_\_\_ Employee # \_\_\_\_\_
- LAUSD email: \_\_\_\_\_@lausd.net (Must be Single Sign-On name)
- EEC/School Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_
- EEC/School Name #2 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

**Submission/Agreement (to be agreed to and signed by user)**

By logging in to the Early Education Student Information System (EESIS), I understand that I will have access to confidential child and family records and agree that:

- I will not take any action that will jeopardize the security of these records.
- I will not discuss with non-authorized personnel any information regarding these records.
- I will not allow any of these records to be viewed by non-authorized personnel.
- I understand that the use of LAUSD computer equipment, software, and information will be restricted to District-approved work only, and that I will be the only one authorized to use my EESIS User Name and Password.
- I will follow all requirements in the LAUSD Acceptable Use Policy (Bulletin 999) and the Information Protection Policy (Bulletin 1077) found at <http://www.lausd.net> (links at bottom right corner of screen).
- I will follow all additional security instructions provided by the District relevant to this system.

**User Agreed/Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

EESIS Access Requested				
<ul style="list-style-type: none"> <li>• <b>User Group:</b> Early Ed _____ CSPP _____ Other (program name) _____</li> <li>• <b>User Type Requested:</b> (Those with * require Principal / Administrator endorsement)</li> </ul>				
Administrator/Principal	*Office Manager/SAA	*Office Assistant	*Program Asst (Attendance only)	
*CSPP Other/Teacher	ECED Director	ITD/Help Desk	ECED Central Office Staff	
Contractor _____ (Contract # _____ Expiration Date _____)				
<ul style="list-style-type: none"> <li>• <b>Print principal's / administrator's name and title</b> _____</li> <li>• <b>Endorsement for EESIS access to user at above-named sites:</b> _____ Date _____ (to be signed by principal / location administrator only)</li> </ul>				

ECED / ITD Use Only				
USER NAME	OPERATOR TYPE ASSIGNED	OPERATOR GROUP	CENTER(S) ASSIGNED	ACCOUNT STATUS / DATE
				Active Inactive Date _____
<b>Special Instructions</b> _____ ( ) Approved ( ) Disapproved - Reason _____				
<b>System Administrator</b> _____			<b>Date</b> _____	

**Fax completed form to 213-241-3339**