



## Special Access Request Form

- Teachers requiring schoolwide access
- Central staff
- Contractors (CIT, TAP, etc.)
- Summer school principals

The persons signing this form attest to the requester's legitimate and ongoing educational purpose (see district policy FL) for accessing student data at a school or schools. **The form, FAX number, and e-mail address apply only to MyData Portal.** For assistance with any other district system (Oracle, Chancery, etc.), contact the Dallas ISD's Technical Assistance Center; contact information available at <http://inet.dallasisd.org/techresources/index.html>

### INSTRUCTIONS

- Complete all fields and include necessary signature(s).
- Teachers' requests can only be authorized by principals.
- Central staff, contractors, and summer school principals must obtain the authorization of an executive director or above. The person authorizing the account must provide printed name and title with the signature.
- Scan completed form as a PDF and e-mail to OIR@dallasisd.org or FAX to 972.794.3544.
- Confirmation of account activation will be sent to your Dallas ISD e-mail address from OIR@dallasisd.org.
- After an organization change (campus or department), this form must be resubmitted to retain special access.
- **Teachers requesting access to multiple campuses:** List *all* TEA numbers in the space provided and obtain all principals' signatures before submitting. Do not submit individual requests for each school.
- **Requesters without employee ID number:** Provide last four digits of the SSN in place of a district employee ID number.

### REQUESTER

Employee ID: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Dallas ISD e-mail address: \_\_\_\_\_ @dallasisd.org ORG #: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

### TYPE OF ACCESS (check only one)

Access to all district schools:  Central staff

Access to select schools (list below):  Central staff or contractor\*  Teacher\*  Summer school principal\*

\*I request access to the following feeder group(s) or TEA number(s):

Describe reason for requesting special access: \_\_\_\_\_

**SIGN**

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

**PRINT**

\_\_\_\_\_  
Printed Name and Title of Person Authorizing this Account (see instructions)

**SIGN**

\_\_\_\_\_  
Signature of Person Authorizing this Account (*see instructions*)

\_\_\_\_\_  
Date

If special access should expire (e.g., at end of school year) enter expiration date: \_\_\_\_\_