

Nyack Public Schools (NPS) NETWORK SECURITY FORM

Use this form to request a NEW Network ID, DELETE an existing Network ID, or CHANGE information about an existing Network ID. Return to: Department of Technology and Information Systems Department – 13A Dickinson Ave., Nyack, NY 10960.

INSTRUCTIONS - PLEASE READ CAREFULLY BEFORE COMPLETING THIS NEW FORM

1. To request a NEW Network ID, complete Box 1 and sign the District's Acceptable Use Policy.
2. To DELETE an existing Network ID, complete Box 2, for employees who have retired, resigned, been terminated, etc.
3. To CHANGE previously submitted Network ID information, complete Box 3 (for changes of names, building locations, etc.).
4. The name submitted on this form must be the same as the name on your NPS payroll records.
5. If a user forgets or loses password information, user must call NPS Technical Support Services (845-353-7070 or 7023) for assistance in resetting the password.

Box 1	<p>REQUEST A NEW NETWORK ID <i>(Please print legibly)</i></p> <p>Level: (check one) <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> District Off. <input type="checkbox"/> Other</p> <p>Last Name: _____ First Name: _____ MI: _____</p> <p>School / Dept. Name: _____ Position/Title: _____</p> <p>Emergency Phone # (where <u>you</u> may be reached in case of snow or other closing): (_____)</p> <p>New Network User e-mail PowerSchool PLATO EEPR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
Box 2	<p>DELETE AN EXISTING NETWORK ID <i>(Please print legibly)</i></p> <p>Employee's Full Name: _____ School/Dept.: _____</p> <p>Reason for deletion (check one): Access No Longer Needed <input type="checkbox"/> User No Longer with District <input type="checkbox"/></p> <p>Delete from Environment: <input type="checkbox"/> Network ID <input type="checkbox"/> Outlook <input type="checkbox"/> PowerSchool <input type="checkbox"/> PLATO <input type="checkbox"/> EEPR <input type="checkbox"/> eChalk</p>
Box 3	<p>CHANGE INFORMATION ON AN EXISTING NETWORK ID <i>(Please print legibly)</i></p> <p>Network User ID: _____ <i>(not your confidential password)</i></p> <p>NAME: <i>Old:</i> Last Name: _____ First Name: _____</p> <p> <i>New:</i> Last Name: _____ First Name: _____</p> <p>LOCATION: Previous Loc. Name: _____ Loc. Telephone Number: _____</p> <p> Current # Loc. Name: _____ Loc. Telephone Number: _____</p> <p>Position/Title: _____</p> <p>Change in Following Environments: <input type="checkbox"/> Network ID <input type="checkbox"/> Outlook <input type="checkbox"/> PowerSchool <input type="checkbox"/> PLATO <input type="checkbox"/> EEPR <input type="checkbox"/> eChalk</p>

SIGNATURES/APPROVALS

Access will not be granted without signatures and dates. Incomplete or incorrect forms will be returned via NPS mail.

Requester's Signature: _____ Date: _____

Approver's Printed Name: _____ Signature: _____ Date: _____
(Principal/Department Head)

Approver's Signature: _____ Date: _____
(Assistant Superintendent of Curriculum)

For Technology Department Use Only: Emergency Phone # Received