

CLINT INDEPENDENT SCHOOL DISTRICT



Special Security Access Form – SSAF

Date of Request: (YYYY-MM-DD): _____ - _____ - _____

A completed Special Security Access Form is needed by all District Employees who have been given special access to specialized application systems or requiring special access passwords enabling them to access District computers, install/uninstall software, install/uninstall hardware, change settings on District computers or provide application support for campus teachers or district personnel.

Each user is responsible for controlling access to his/her password. Evidence of security violations may subject employees to revoked access and disciplinary action as defined in District policy and in the District handbook. Passwords must be kept confidential and the employee granted access to the password agrees not to divulge the password to others. Upon leaving the position or the district, the password will be changed. You may not sign on to any District computer system using someone else's password.

—————▶ **Please ✓ the appropriate selections; include all required information and necessary approvals:** ◀—————

USER INFORMATION and APPROVALS

Notes or Comments: _____

Employee Last Name: _____ First Name: _____ MI: _____

Position or Title: _____ Campus or Department: _____

Description of Special Access (check the box next to each type of access requested):

- Administrative Access for campus/dept. computers (for installing or configuring hardware/software)
- Helpdesk Access (for logging and reporting campus/dept. technology call tickets)
- Hardware / Software campus/dept. level inventory system (for tracking hardware / software licenses)
- Video Surveillance
- Web Page Posting Access (for posting campus web pages to district web site)
- OTHER – Describe in detail: _____

New Account:

Change an existing Account:

Delete/Disable Account:

Login Account Name: _____

Login Account Name: _____

APPROVALS

Employee name: _____ signature: _____ Date: ____/____/____

Principal/Dept. name: _____ signature: _____ Date: ____/____/____

TIS Director/Authorized name: _____ signature: _____ Date: ____/____/____

TIS Use Only

Login Account Name: _____ Notes: _____

Installation of Login/Password Completed by: _____ Date: ____/____/____

Login/Password Removed by: _____ Date: ____/____/____ Request Number: (NN): _____