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|---------------------------|--|
| Employee Full Name | |
| Section | |
| Telephone | |

| | | |
|---|--------------------|--|
| Do you need access to the system's training environment? YES NO | | |
| Level of Requested Access | | |
| Early Childhood State Grant | Financial Services | |
| | NDE Leadership | |
| | NDE Reviewer | |
| | View Only | |

- I acknowledge my access to these systems may provide access to confidential, personally identifiable information that must be used solely for the legitimate educational purpose required of my assigned NDE job responsibilities and must not be disclosed.
- I understand that I must comply with the Family Educational Rights and Privacy Act (FERPA [20 U.S.C 123g; 34 CFR Part 99]) and all other applicable state and federal law
- I understand that unauthorized viewing, reproduction, copying, or distribution of any student record or information is prohibited. Users violating the authorized use of the NDE systems will lose access privileges to NDE systems and may be subjected to corrective or disciplinary action. Illegal access or misuse of personally identifiable data may also be punishable by fine and/or Imprisonment.
- I have received, read, and understand the NDE Data Access and Use Policy and Procedures.

| | SIGNATURE | DATE |
|--------------------|------------------|-------------|
| EMPLOYEE | | |
| SUPERVISOR | | |
| LEADERSHIP COUNCIL | | |
| SYSTEM OWNER: | | |

| NDE ACTIVATION DISTRIBUTION | | |
|------------------------------------|-------------|-----------------|
| System Leader | Date | Comments |
| | | |