

Employee Full Name	
Section	
Telephone	

Do you need access to the system's training environment? YES NO		
Level of Requested Access		
Dist Ed Equip Reimb 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