

<b>Employee Full Name</b>	
<b>Section</b>	
<b>Telephone</b>	

<b>Purpose for Requested Access</b>
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Do you need access to the training environment?    YES    NO

<b>Level of Requested Access</b>	View / Read Only	
	Read and Write	

- 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.

	<b>SIGNATURE</b>	<b>DATE</b>
EMPLOYEE		
SUPERVISOR		
LEADERSHIP COUNCIL		
SYSTEM OWNER: Director Teacher Certification OR APS Leadership Council Member		

<b>NDE ACTIVATION DISTRIBUTION</b>		
<b>System Leader</b>	<b>Date</b>	<b>Comments</b>