**ACCESS REQUEST FORM**

**For NETWORK, E-MAIL, and INFINITE CAMPUS**

1. Please complete this Access Request Form and have it signed by the **Department Head**/**Director**/**Site Principal**.
2. Scan and E-mail this completed Access Request Form to [Support@scusd.edu](mailto:Support@scusd.edu)

Requests will be completed within 48 hours. If you have questions, please call Technology Support at 916-643-9445.

**\*\* REQUIRED – PLEASE PRINT/TYPE - DOUBLE CHECK SPELLING! Date**:\_Click here to enter a date.

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| **\*\* FIRST NAME and MIDDLE INITIAL:**  Click here to enter text.  **\*\*** **SCUSD PSL NUMBER:**  Click here to enter text. | **\*\* LAST NAME:**  Click here to enter text.  Name Change? Previous Name:  Click here to enter text. | **\*\* DOB**:  Click here to enter a date.  **\*\* GENDER:**  Male  Female  **\*\* RACE:** Choose an item. | |
| **Have you ever been a student or an employee of Sacramento City Unified School District?** | | Yes | No |
| **\*\* JOB TITLE:**  Click here to enter text. | **DEPARTMENT/SCHOOL SITE/LOCATION:**  Click here to enter text.    Elementary  Middle School  High School | | |

***Services Requested****: (Please check at least one)*

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| --- | --- |
| New Employee Set up | Permanent |
| Employee Replacing:  Click here to enter text. | Temporary Dates: From: Click here to enter a date.  To: Click here to enter a date. |
| Change of Site  Transfer From: Click here to enter text. | Transfer To: Click here to enter text. |

***Access Needed:*** *(Please check all that apply)*

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| **Exchange Outlook E-Mail** | **Escape** – Finance/Personnel/Payroll System  **\*\*** Setup Escape Same As: *(Mandatory)* Click here to enter text. |
| **Infinite Campus** | **Job Description:** Click here to enter text.  **\*\*** Setup IC Same As: *(Mandatory)* Click here to enter text. |

**Notes:** Click here to enter text.

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| **AUTHORIZATION** | **\*\* Print/Type Name of Supervisor:** |
| **\*\* Contact Telephone Number:** | **\*\* Supervisor Signature:** |