Information Technology
User Account Request Form

* Indicates required fields   Please Print

Applicant's First Name*: _____   Middle Initial: ___   Last Name*: _____

Title: _____D.O.B*:_____

Department*: _____   District Phone: _____

Applicant's Position*: _____ *(Example: Principal, Secretary, Records Clerk, Teacher)*

Teacher I.D._____
  (Not Employee Number)

Please select the type of request *

New Account**:☐   Name Change:☐   Location Change:☐   Position Change:☐   Delete User Account:☐

Print Previous Name(if changed) _____

Please select the account(s) needed (You may select more than one) *

Email ☐   Edline ☐

Network Access LPSD Accounts can be created by Employee at http://logon.lpsd.local

CIMS access:

☐ Dashboard: Menu (s):   _____
☐ Web Attendance :   _____
☐ Web Grading: _____
  Other:_____

Agreement: I understand that I am responsible for any computing activity carried out using this account.

Applicant's Signature*: _____   Date*: _____

Department Head/Principal Signature*: _____   Date*: _____

Department Head/ Principal Print Name*: _____

Department Head Phone:_____

**Completed forms should be returned to The Technology Dept.