

Discontinuance of Login Account
Information Technology Department
San Lorenzo Unified School District



Phone # 317-4777

Fax # 278-8426

Please **Print clearly** and submit to the Information Technology Department.

Name: _____

Dept. / Site: _____

Phone: _____ Supervisor _____

Login Name:
First Initial and Last Name (Please Print Clearly)

Left SLZUSD employment

Discontinue use of Account/Groups/Other Links associated with this login, effective:

Date: _____ **Time:** _____

I understand that by signing this form, access to all files associated with this login will no longer be available.

Relocated employee – from _____ to _____
(Site) (Site)

I understand that when I report to the new site, a new Request for Login Account will be submitted and changes will be made based on that information.

Signature: _____ Date: _____

Signature **NOT AVAILABLE**.

Supervisor Signature: _____ Date: _____

IT Dept – Approval: _____ **Date** _____