

Request for 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: _____

Job Title: _____

Dept. / Site: _____ Room # _____

Work Phone/Voicemail: _____ Supervisor: _____
(REQUIRED FOR ACCOUNT ACTIVATION)

New Employee **Non-Employee** [e.g. Intern, Contractor, etc.]

(NOTE: Account will expire at the end of the school year, unless other arrangements are made with the Director of IT.)

Current Employee with no previous login account

Relocated Employee -- from _____ to _____
(Site) (Site)

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

Needs Access to: Aeries Client Escape

Comments: _____

I understand that utilization of The San Lorenzo Unified School District Network is for Official use only.

For Employees: I have read and signed the SLZUSD Acceptable Use Policy. [BP/AR 4040]

For Non-Employees: I have read and signed the SLZUSD Acceptable Use Policy. [BP/AR 6163]

Signature _____ Date _____

Supervisor Signature _____ Date _____

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