

**Please Print:** Complete the non-shaded portion and submit to the ASDOE IDS Program Director to establish user security rights

Requestor \_\_\_\_\_

Position \_\_\_\_\_ Division \_\_\_\_\_

Briefly describe your primary use of the PowerSchool system \_\_\_\_\_

**CONFIDENTIALITY/CONSENT STATEMENT** (To be read and signed by the individual requesting access)

I certify that I am entitled to the confidential information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for the purposes it was originally provided. Intentional violation of the ASDOE Confidentiality Policy may result in formal disciplinary action, up to and including termination, denial of access to sensitive data and revocation of network access privileges. I have read and signed the ASDOE Confidentiality Policy and agree to comply with all terms and conditions.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*This section is to be completed by IDS staff in consultation with the employee.*

**PowerSchool SMS State-Level Access**

**State Reported Data-R (Read Only)**-Rights to read specific student information (enrollment, attendance, achievement)

**PowerSchool SMS District-Level Access**

**Teacher Certification-R (Read Only)**-Rights to read specific teacher information (degree, licensure, certificates)

**PowerSchool SMS School-Level Access**

**Special Education**-Allows user to create, enter and edit student data

*I hereby grant access to the PowerSchool Student Information System, as indicated by the above-checked boxes to the ASDOE employee requesting such access.*

**IDS Program Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

