



**THE INFORMATION ON THIS
FORM IS STRICTLY
CONFIDENTIAL**

Security Form – Level 0 Warehouse

Complete and fax to Student Data Services at (631) 244-4003

Complete this section to identify the person authorized to access Level 0 with District Admin access.

School District / Agency: _____

Last Name: _____ First Name: _____

Telephone #: _____ Building: _____

Position Title: _____

Email Address: _____

ID AND PASSWORD SELECTION AND PROCEDURE

Each authorized user of the system will be given a unique User ID and password.

- Use this form to request an individual ID
- The Chief Information Officer (CIO) in the district must sign the Level 0 security form. We require two (2) business days turnaround after the form is received.
- Passwords associated with individual User IDs (ex., MYNAME) can be changed by those users online at any time
- Passwords associated with individual User IDs (ex., MYNAME) need to be between 6 and 15 characters – letters or numbers. They are **not** case sensitive.
- Shared USER IDs remain the responsibility of the named user
- If a password is lost, forgotten, or stolen, contact Dennis Brooks at (631) 218-4166

*******IMPORTANT*******

As the CIO of _____ I give permission for the
(District)
person named above to receive a User ID and password for Level 0 with District Admin access.
However, I understand that I am ultimately held responsible for confirming that the data in Level 0
is correct and ready for submission to the Level 1 Data Warehouse. In order to accomplish this I
will be given an ID and Password with District Admin/Lock access.

CIO / District Data Administrator _____ Date: _____
(Signature)