



THE INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL



**Security Form – Level 0 Warehouse
Complete and fax to Student Data Services at (631) 240-8967**

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 District Level Administrator or District Data Coordinator, 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 8 or more characters; letters, numbers and special characters. They are case sensitive.
- User Names and Passwords are not to be shared.
- If a password is lost, forgotten, or stolen, contact Student Data Services (631) 218-4195

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

As the District Level Administrator or District Data Coordinator of _____ I give permission for the 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.

**District Level Administrator or _____ Date: _____
District Data Coordinator (Signature)**

Student Data Services
Charles King, Divisional Administrator

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