



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



**ReportNet Access Form**  
*Complete and Fax to Student Data Services (631) 240-8966  
or email Laura Barranco at [lbarranc@esboces.org](mailto:lbarranc@esboces.org)*

School District / Agency: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Building: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SELECTION AND PROCEDURE ID AND PASSWORD**

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 Data Coordinator (DDC) or District level administrator must sign the ReportNet Access 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 at least 8 characters with letters, numbers and special characters. They **are** case sensitive.
- If a password is lost, forgotten, or stolen, email Laura Barranco at [lbarranc@esboces.org](mailto:lbarranc@esboces.org)

\*\*\*\*\*IMPORTANT\*\*\*\*\*

I, \_\_\_\_\_ (please print name) give permission for the person named to receive a User ID and password to access ReportNet.

District Level Administrator or \_\_\_\_\_  
District Data Coordinator (Signature)

Title \_\_\_\_\_

Date: \_\_\_\_\_

**Student Data Services**

Charles King, Divisional Administrator  
Peter Desjardins, Program Administrator

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