



## SFTP Access Removal Form

Please fill out and submit this form if access to the SFTP (Secure File Transfer Protocol) site is to be removed.

***Please remove access to the SFTP site for the person(s) below:***

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

Contact \_\_\_\_\_ Title \_\_\_\_\_

Building Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ EMail \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Building Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ EMail \_\_\_\_\_

***Please complete this form and fax to: Laura Barranco  
Phone: 631-244-4282 Fax: 631-218-4117***

**District Level Administrator or District Data Coordinator:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_



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