



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: 631-240-8966***

District Level Administrator or District Data Coordinator:

Signature: _____ **Date:** _____

Print Name and Title: _____



Middle States Accredited

Regional Information Center • Student Data Services
750 Waverly Avenue • Holtsville, NY 11742