

## SFTP Access Request

Please submit the names of two staff members who will be provided access to the SFTP (Secure File Transfer Protocol) site. Access will allow the staff members to send and receive files from Eastern Suffolk BOCES securely.

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

School District/Agency

\_\_\_\_\_

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

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

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

Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

### District Level Administrator or District Data Coordinator

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

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

